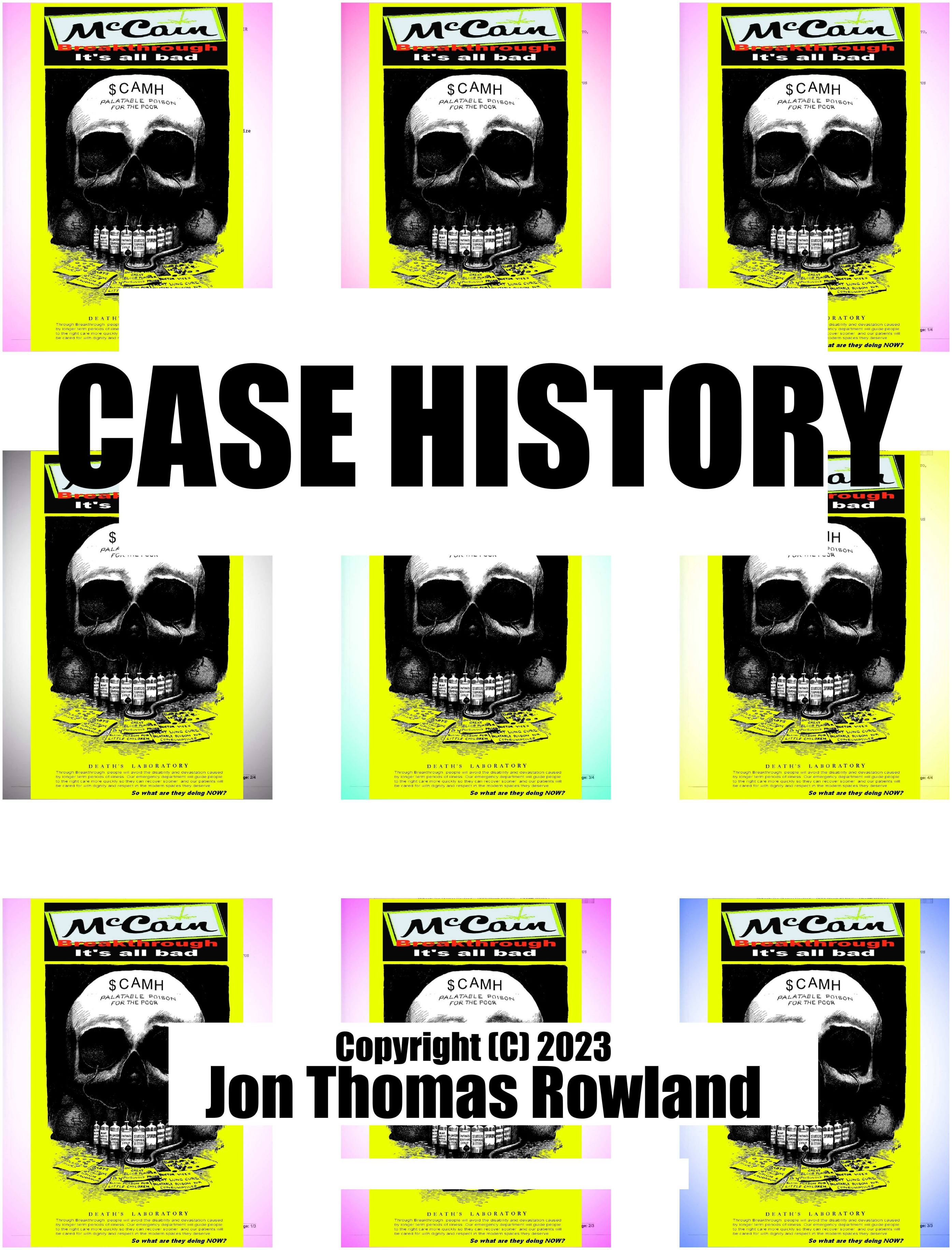
CASE HISTORY



Jon Thomas Rowland



CAMH QUEEN WEST
DIGESTIVE TRACT
WHITE SQUIRREL BOULEVARD
69
mouthpiece
CAMH CEO Catherine Zahn, CEO
Centre for Addiction and Mental Health
gullet
edge
THE BEST CONDO DEAL DOWNTOWN
5% DOWN
SUMMER SALE
stomach
Get Refreshed
RAW. ORGANIC. UNSCRIPTED.
large intestine
small intestine
YOU'VE CHANGED
DENTSUBOS
ass
EDMOND PLACE:
"THE EDMO"
WELCOME
PARC
VICTOR WILLIS
DIRECTOR, PARC
BOARD OF TRUSTEES,
CAMH


PARKDALE COMMUNITY HEALTH CENTRE
PARKDALE CO
1229



Parkdale Community Health Centre

NAME Jon Rowland
D.O.B. 19/Mar/1956 PAGE 1

PROGRESS NOTES

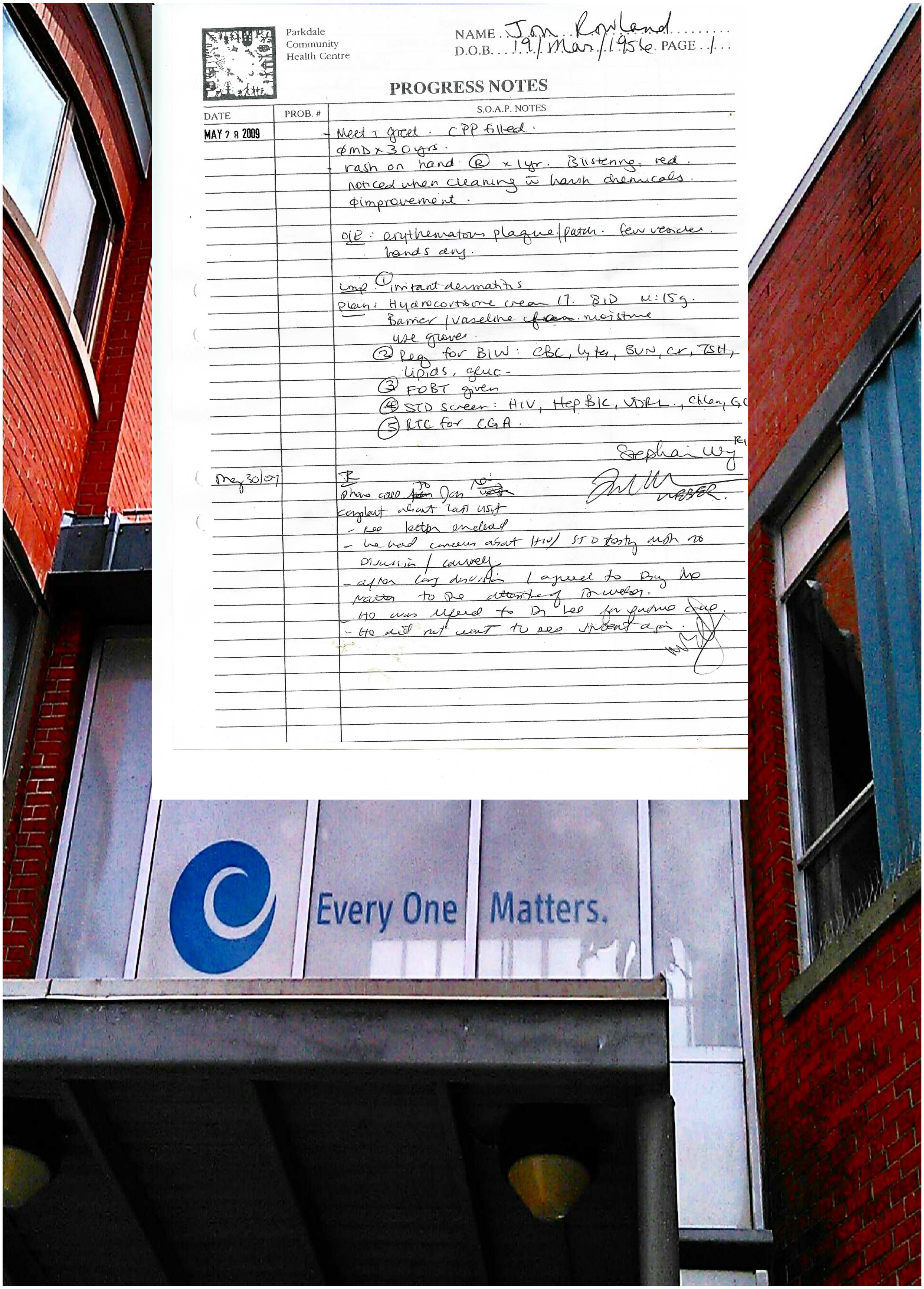
DATE	PROB. #	S.O.A.P. NOTES
MAY 28 2009		- Meet + greet. CPP filled.
		ØMD x 30 yrs.
		- rash on hand Ⓡ x 1yr. Blistering, red.
		noticed when cleaning c̄ harsh chemicals.
		Ø improvement.
		O/E: erythematous plaque/patch. few vesicles.
		hands dry.
		Imp: ① irritant dermatitis
		Plan: Hydrocortisone cream 1% BID M: 15g.
		Barrier/vaseline ~~for~~ moisture
		use gloves.
		② Req for B/W: CBC, lytes, BUN, cr, TSH,
		lipids, gluc.
		③ FOBT given
		④ STD screen: HIV, Hep B/C, VDRL, Chlam, G
		⑤ RTC for CGA.
		Stephanie Wy
May 30/09		R
		phone call ~~from~~ to Jon ~~visit~~ re: — [signature] Webber.
		complaint about last visit
		- see letter enclosed
		- he had concerns about HIV/STD testing with no
		Discussion/counselling
		- after long discussion I agreed to bring the
		matter to the attention of Dr Webber.
		- He was referred to Dr Lee for primary care.
		- He did not want to see student again. [signature]

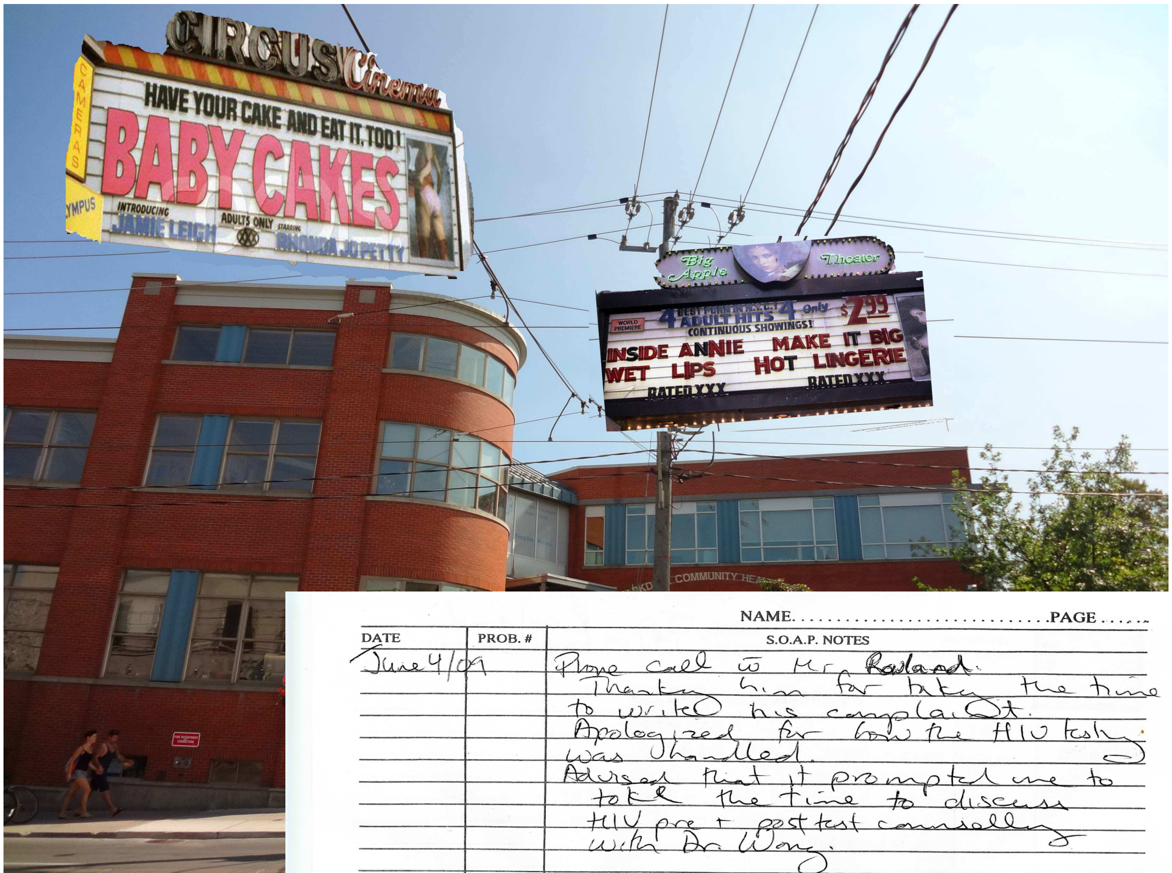
Parkdale
Community
Health Centre

NAME: Jon Rowland
D.O.B.: 19/Mar/1956 PAGE: 1

PROGRESS NOTES

DATE	PROB. #	S.O.A.P. NOTES
MAY 2 8 2009		- Meet c̄ greet. CPP filled.
		∅MD x 30 yrs.
		- rash on hand Ⓡ x 1yr. Blistering, red.
		noticed when cleaning c̄ harsh chemicals.
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		lipids, gluc.
		③ FOBT given
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		Stephanie Wy
May 30/09		R
		phone call ~~from~~ to Jon ~~visit~~ re:
		complaint about last visit
		- see letter enclosed
		- he had concerns about HIV/STD testing with no
		discussion/counselling
		- after long discussion I agreed to bring the
		matter to the attention of Dr Weber.
		- He was offered to Dr Lee for ongoing care.
		- He did not want to see student again.

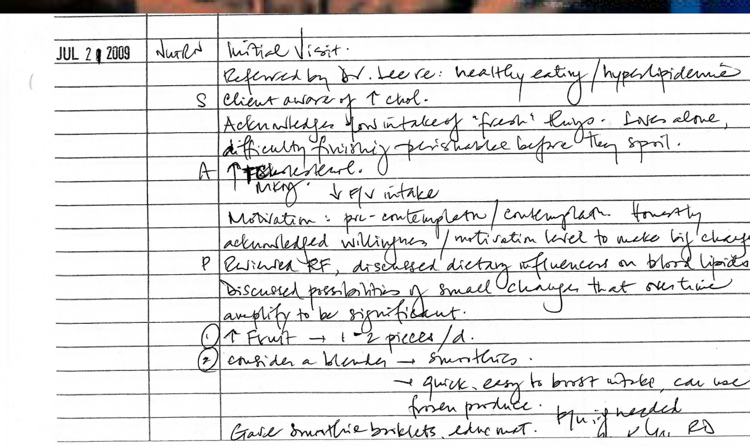




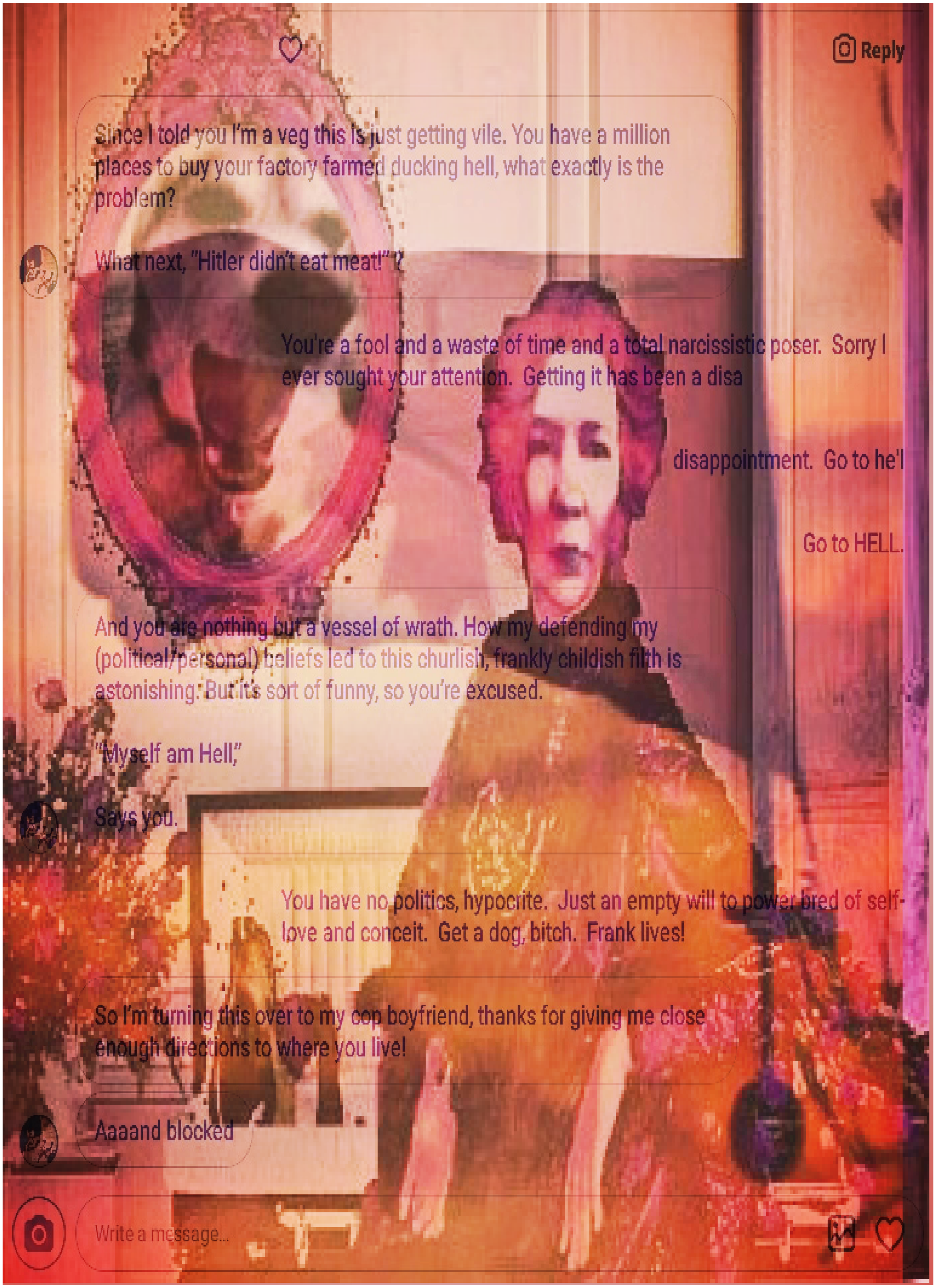
NAME. . . . . .PAGE . . . . . .

DATE	PROB. #	S.O.A.P. NOTES
June 4/09		Phone call to Mr. Roland.
		Thanked him for taking the time to write his complaint.
		Apologized for how the HIV testing was handled.
		Advised that it prompted me to take the time to discuss HIV pre + post test counselling with Dr Wong.
		Conversation ended on good terms.
		He will follow-up with Dr. Lee.
JUN 24 2009		pt. rebooked
JUL 02 2009		see CPX for
		① poor diet - referred to Karin
		f/u ↑LDL, ↑TC/HDL
		CAD risk 10% in 10 yrs
		② poor dental hygiene - referred to dental clinic
		③ tinea cruris. Rx Nizoral cr
		④ eczema - Rx betaderm
		⑤ wax in ears → for syringe
		⑥ f/u to recheck BP




JUL 2? 2009 — Nutr'n

Initial Visit.
Referred by Dr. Lee re: healthy eating / hyperlipidemia
S Client aware of ↑ chol.
Acknowledges ↓ low intake of 'fresh' things. Lives alone, difficulty finishing perishables before they spoil.
A ↑ ~~FC~~ cholesterol.
MKng. ↓ F/V intake
Motivation: pre-contemplation / contemplation. Honestly acknowledged willingness / motivation level to make big changes
P Reviewed RF, discussed dietary influences on blood lipids. Discussed possibilities of small changes that over time amplify to be significant.
(1) ↑ Fruit → 1-2 pieces / d.
(2) consider a blender → smoothies.
→ quick, easy to boost intake, can use frozen produce.
Gave smoothie booklets, educ mat. f/u if needed
[illegible], RD


Reply
Since I told you I'm a veg this is just getting vile. You have a million places to buy your factory farmed ducking hell, what exactly is the problem?
What next, "Hitler didn't eat meat!"?
You're a fool and a waste of time and a total narcissistic poser. Sorry I ever sought your attention. Getting it has been a disa
disappointment. Go to he'l
Go to HELL.
And you are nothing but a vessel of wrath. How my defending my (political/personal) beliefs led to this churlish, frankly childish filth is astonishing. But it's sort of funny, so you're excused.
"Myself am Hell,"
Says you.
You have no politics, hypocrite. Just an empty will to power bred of self-love and conceit. Get a dog, bitch. Frank lives!
So I'm turning this over to my cop boyfriend, thanks for giving me close enough directions to where you live!
Aaaand blocked
Write a message...



NAME. . . . . .PAGE . . . . . .

DATE	PROB. #	S.O.A.P. NOTES
JUL 29 2009		Has been putting drops in ears for syringing
		O/E bilat. wax
		→ syringed to clear
		F/u 2/52 for Hep B #2, + Hep A vacc
AUG 24 2009		N/A in WR
AUG 31 2009		Canc
OCT 21 2009		~~[illegible]~~
Oct. 22, 2009		Administered Hep B #2 to (R) deltoid (lot ~~9745500~~ 19200 [illegible]), Administered Hep A #1 to (L) deltoid (lot 1131U). Informed pt. to come back around April 2010 for next dose of Hep A & Hep B vaccines. —— [signature] / JSR
OCT 26 2009		Walk-in whats to speak to Dr Lee. —— J. Knights
Oct. 26/09		asking re: process for ODSP - has tried to find work x 2yrs - not able to; currently living on some savings · had issues in past c thesis advisor - was anonymously informed that pt "had AIDS" - pt informed thesis advisor that he was gay & said advisor "physically recoiled" - this is has been affecting him since Imp: ? PTSD P: disc process of ODSP; referral to Ψ.



Att: Parkdale Community Health Centre
Fax: 416-537-3526

I have undergone a number of tests and physical examination with Dr. Lee. According to these, I don't have any major medical problems, or anything that requires the immediate attention of a doctor.

I would therefore like to change my primary care provider to a Nurse Practitioner, preferably Shona Mackenzie. I have for some time thought that a nurse practitioner would be more than adequate for my needs, and Shona Mackenzie is well spoken-of in my neighborhood.

I would be happy to continue to see Dr. Lee when necessary, with Shona Mackenzie as my primary care provider. I realize that Shona is probably very busy, and might not be available right away, but I am willing to wait, I am low maintenance, and I probably won't need to see her for months.

I hope you will let me know if this arrangement will be satisfactory. If I am out, you can leave me a message at the number below.

Thanks,
Jon Rowland
416-830-3916

WHO'S THAT WOMAN WITH HITLER?

Parkdale Community Health Centre

NAME Jon Rowland

D.O.B. ______ PAGE ______

Ontario's Community Health Centres
Every One Matters.

PROGRESS NOTES

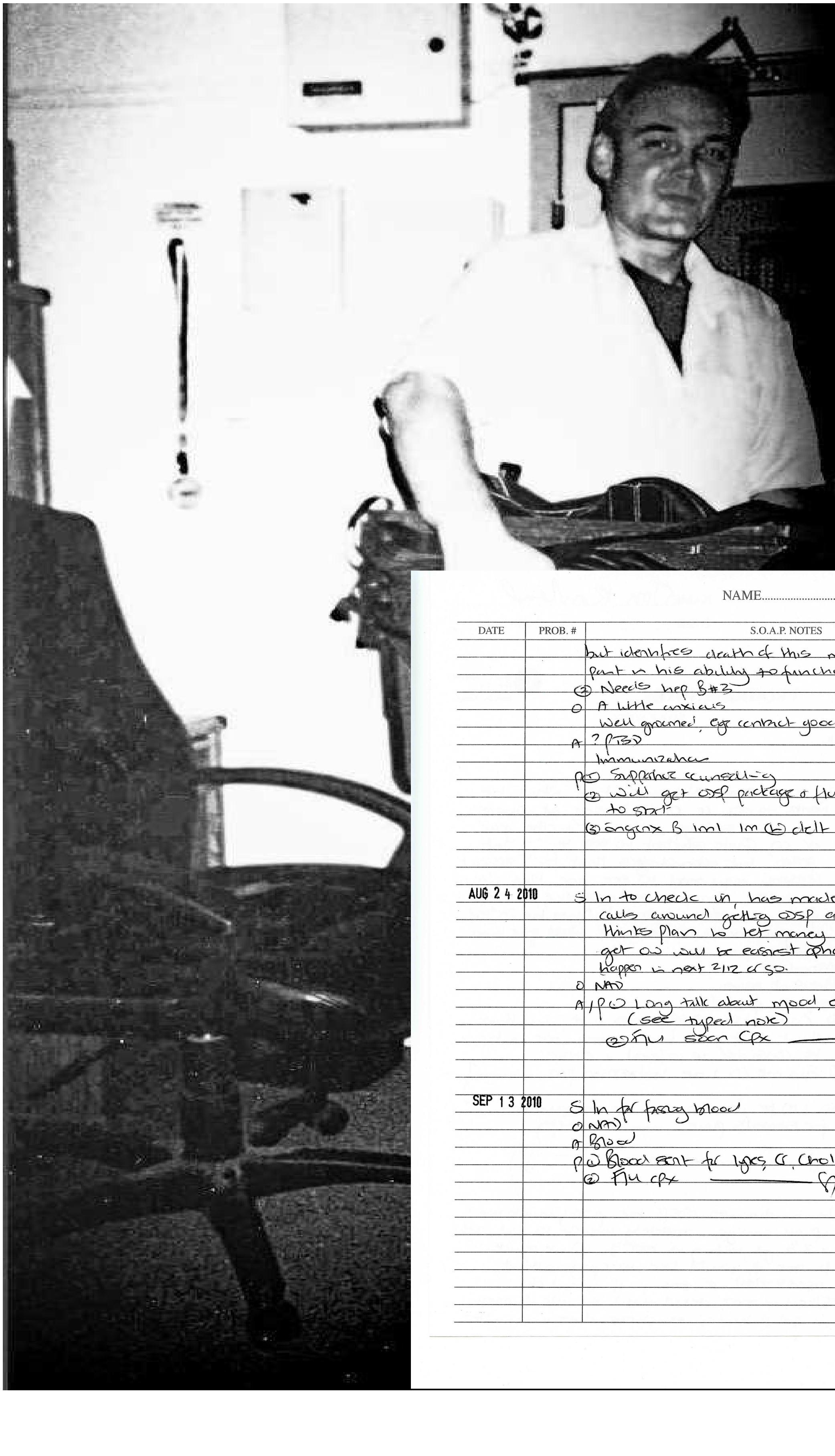
DATE	PROB. #	S.O.A.P. NOTES
Nov. 23/08		cancel
JAN 04 2010		S In to meet me. Not sure about what he wants to do re: ODSP, looking at options. Has some savings, will last another year or so. Quite reluctant to see Ψ "private person" but acknowledges that for practical reasons may need to see one. Has worked in past in group homes & shelters, ø work for 2 yrs. Mentor suicided when he worked in group home. Concerned Ψ will give him medication
		O Mood OK Pleasant man
		A Request for info
		P ① Oriented to ODSP process & Ψ, will think about it & come back to see me in 6/12 to consider Ψ referral & ODSP ② f/u me/Dr Lee before then prn
June 22/10		LM for Jon to call me re. application for Edmond's place
July 2/10		John has booked appt c̄ me
JUL 16 2010		S In to discuss ODSP, has pretty much used up all savings, completely unable to find work x 2½ yrs, writing ++ ~~but~~ Quite reluctant to see Ψ, would like to apply without assessment & see Ψ if turned down. Talked in more detail about suicide of mentor in group home, ++ stress there & in shelters



COMING SOON!
"One BRRRRAVE Night!"

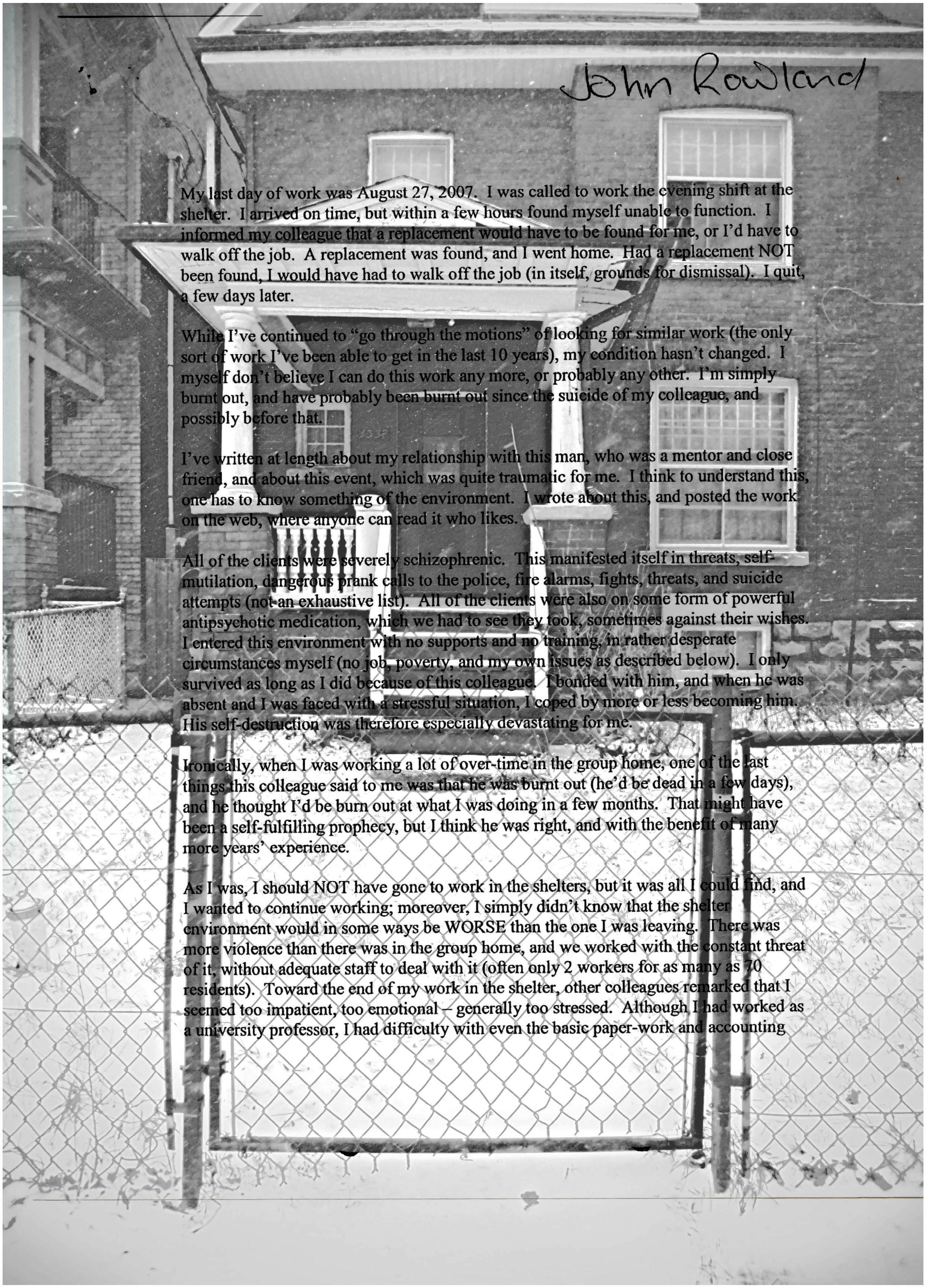
(MAY 13 2016 in fact!)
At a beer hall near YOU!

RALLY ALL NIGHT WITH $CAMH TO DEFEAT MENTAL HEALTH!



NAME...PAGE ....

DATE	PROB. #	S.O.A.P. NOTES
		but identifies death of this man as turning
		point in his ability to function
		② Needs hep B #3
		O A little anxious
		Well groomed, eye contact good most of time
		A ? PTSD
		Immunization
		P ① Supportive counselling
		② Will get ODSP package & flu next month
		to start
		AHBVB753BA
		③ Engerix B 1ml IM (L) delt ĉ E 12MR
AUG 2 4 2010		S In to check in, has made some
		calls around getting ODSP application.
		Thinks plan to let money run out &
		get OW will be easiest option. This will
		happen in next 2/12 or so.
		O NAD
		A/P ① Long talk about mood, experiences
		(see typed note)
		② Flu soon CPX
SEP 1 3 2010		S In for fasting blood
		O NAD
		A Blood
		P ① Blood sent for lytes, Cr, Chol, BS, CBC liver enz
		② Flu cpx



John Rowland

My last day of work was August 27, 2007. I was called to work the evening shift at the shelter. I arrived on time, but within a few hours found myself unable to function. I informed my colleague that a replacement would have to be found for me, or I'd have to walk off the job. A replacement was found, and I went home. Had a replacement NOT been found, I would have had to walk off the job (in itself, grounds for dismissal). I quit, a few days later.

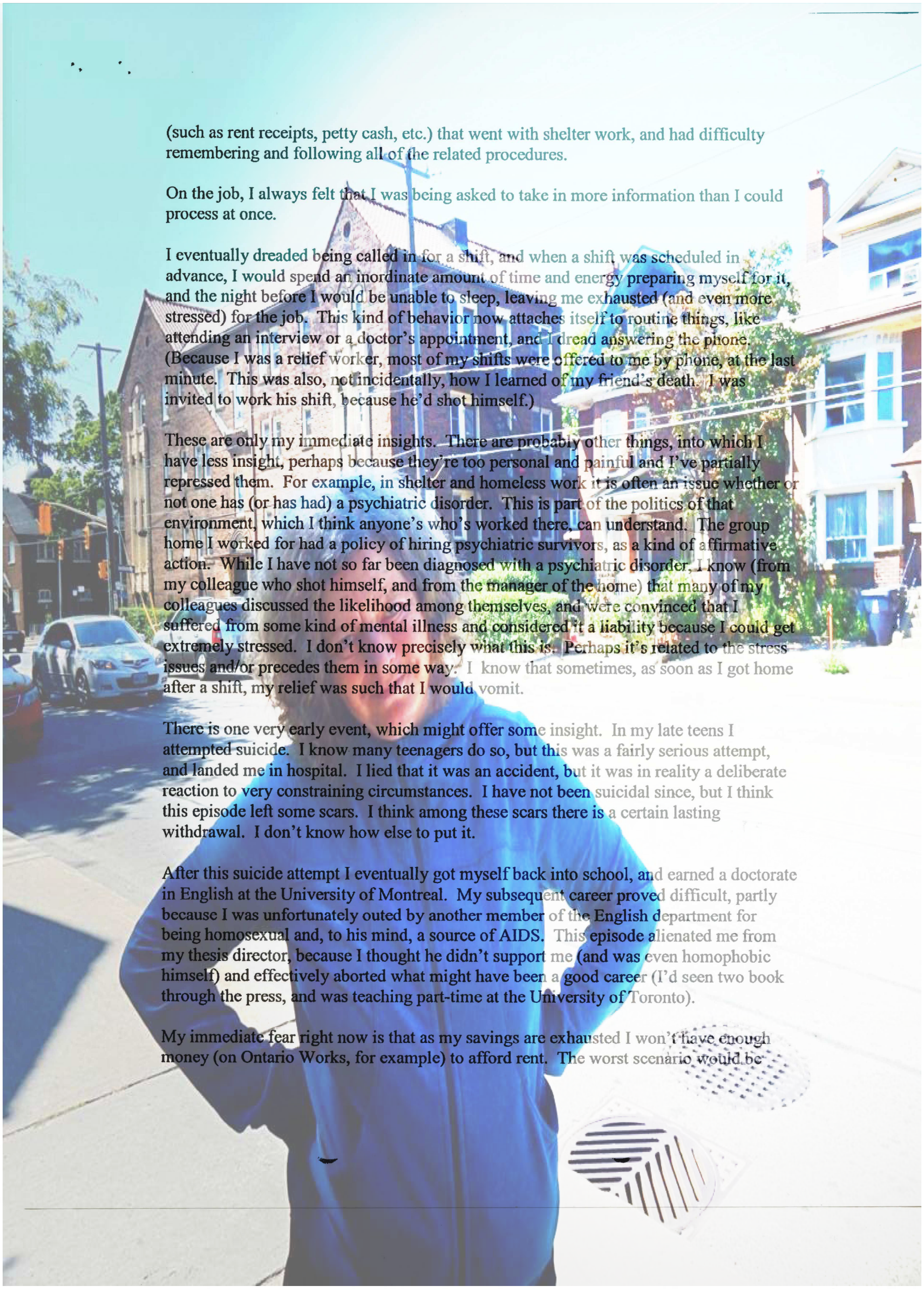
While I've continued to "go through the motions" of looking for similar work (the only sort of work I've been able to get in the last 10 years), my condition hasn't changed. I myself don't believe I can do this work any more, or probably any other. I'm simply burnt out, and have probably been burnt out since the suicide of my colleague, and possibly before that.

I've written at length about my relationship with this man, who was a mentor and close friend, and about this event, which was quite traumatic for me. I think to understand this, one has to know something of the environment. I wrote about this, and posted the work on the web, where anyone can read it who likes.

All of the clients were severely schizophrenic. This manifested itself in threats, self-mutilation, dangerous prank calls to the police, fire alarms, fights, threats, and suicide attempts (not an exhaustive list). All of the clients were also on some form of powerful antipsychotic medication, which we had to see they took, sometimes against their wishes. I entered this environment with no supports and no training, in rather desperate circumstances myself (no job, poverty, and my own issues as described below). I only survived as long as I did because of this colleague. I bonded with him, and when he was absent and I was faced with a stressful situation, I coped by more or less becoming him. His self-destruction was therefore especially devastating for me.

Ironically, when I was working a lot of over-time in the group home, one of the last things this colleague said to me was that he was burnt out (he'd be dead in a few days), and he thought I'd be burn out at what I was doing in a few months. That might have been a self-fulfilling prophecy, but I think he was right, and with the benefit of many more years' experience.

As I was, I should NOT have gone to work in the shelters, but it was all I could find, and I wanted to continue working; moreover, I simply didn't know that the shelter environment would in some ways be WORSE than the one I was leaving. There was more violence than there was in the group home, and we worked with the constant threat of it, without adequate staff to deal with it (often only 2 workers for as many as 70 residents). Toward the end of my work in the shelter, other colleagues remarked that I seemed too impatient, too emotional – generally too stressed. Although I had worked as a university professor, I had difficulty with even the basic paper-work and accounting



(such as rent receipts, petty cash, etc.) that went with shelter work, and had difficulty remembering and following all of the related procedures.

On the job, I always felt that I was being asked to take in more information than I could process at once.

I eventually dreaded being called in for a shift, and when a shift was scheduled in advance, I would spend an inordinate amount of time and energy preparing myself for it, and the night before I would be unable to sleep, leaving me exhausted (and even more stressed) for the job. This kind of behavior now attaches itself to routine things, like attending an interview or a doctor's appointment, and I dread answering the phone. (Because I was a relief worker, most of my shifts were offered to me by phone, at the last minute. This was also, not incidentally, how I learned of my friend's death. I was invited to work his shift, because he'd shot himself.)

These are only my immediate insights. There are probably other things, into which I have less insight, perhaps because they're too personal and painful and I've partially repressed them. For example, in shelter and homeless work it is often an issue whether or not one has (or has had) a psychiatric disorder. This is part of the politics of that environment, which I think anyone's who's worked there, can understand. The group home I worked for had a policy of hiring psychiatric survivors, as a kind of affirmative action. While I have not so far been diagnosed with a psychiatric disorder, I know (from my colleague who shot himself, and from the manager of the home) that many of my colleagues discussed the likelihood among themselves, and were convinced that I suffered from some kind of mental illness and considered it a liability because I could get extremely stressed. I don't know precisely what this is. Perhaps it's related to the stress issues and/or precedes them in some way. I know that sometimes, as soon as I got home after a shift, my relief was such that I would vomit.

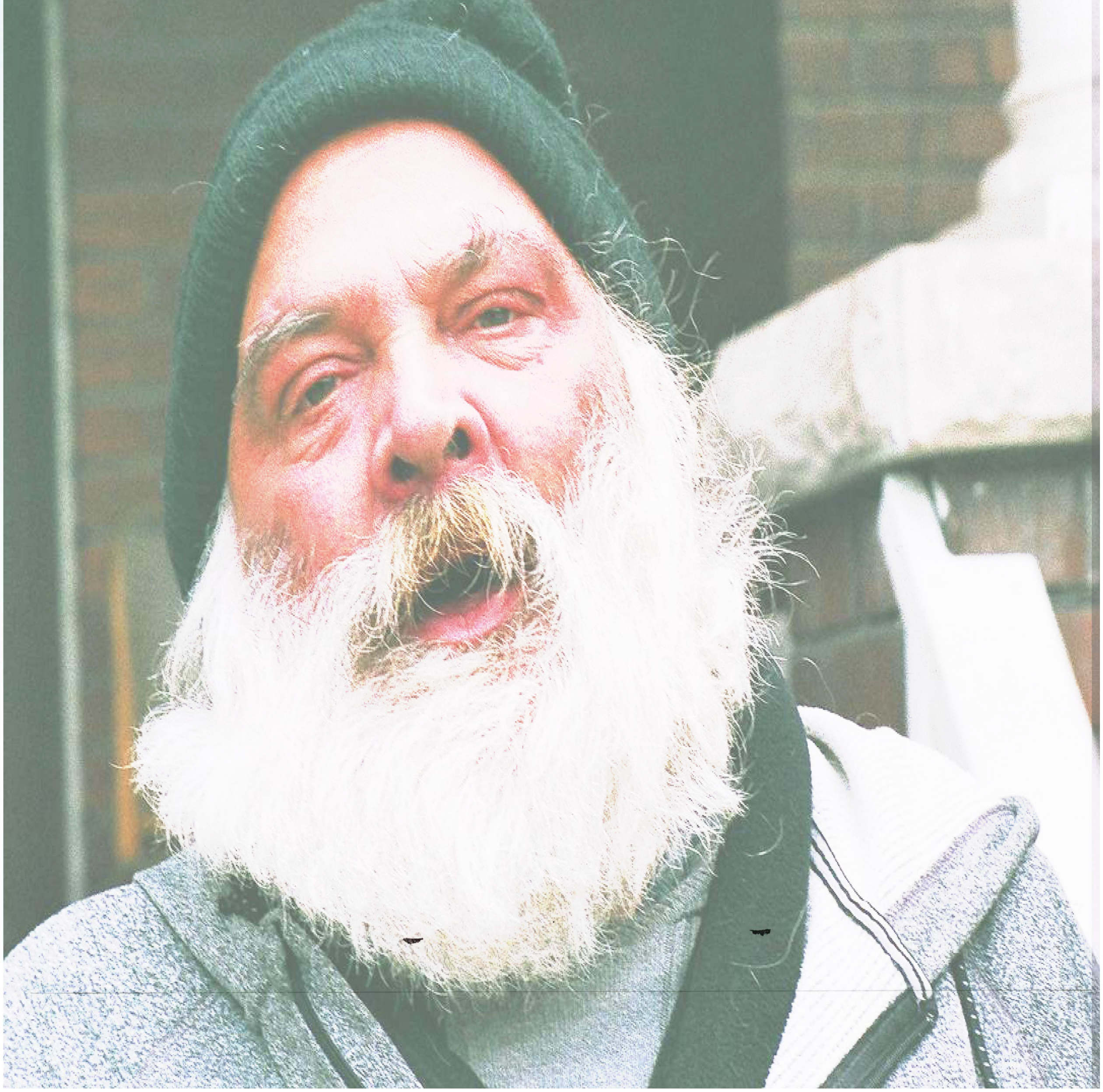
There is one very early event, which might offer some insight. In my late teens I attempted suicide. I know many teenagers do so, but this was a fairly serious attempt, and landed me in hospital. I lied that it was an accident, but it was in reality a deliberate reaction to very constraining circumstances. I have not been suicidal since, but I think this episode left some scars. I think among these scars there is a certain lasting withdrawal. I don't know how else to put it.

After this suicide attempt I eventually got myself back into school, and earned a doctorate in English at the University of Montreal. My subsequent career proved difficult, partly because I was unfortunately outed by another member of the English department for being homosexual and, to his mind, a source of AIDS. This episode alienated me from my thesis director, because I thought he didn't support me (and was even homophobic himself) and effectively aborted what might have been a good career (I'd seen two book through the press, and was teaching part-time at the University of Toronto).

My immediate fear right now is that as my savings are exhausted I won't have enough money (on Ontario Works, for example) to afford rent. The worst scenario would be

ending up in a shelter, which for understandable reasons I probably couldn't bear. This is in itself a source of considerable anxiety, since even without whatever psychiatric handicaps I might have, getting work would be very difficult at my age and with my background.

Apart from these issues, serious as they are, I enjoy my life and do not wish to be subjected to a lot of intrusive analysis or medication. I spend a lot of my time working on my writing, which I regard as a form of psychiatric advocacy, some of which has been favorably reviewed by the alternative press. I would like to work with mentally ill people, perhaps as a volunteer, in some useful capacity but in an environment where there is not the constant threat of violence and where there is less personal responsibility..



Parkdale
Community
Health Centre

NAME Jon Rowland

D.O.B. March 19 56 PAGE

Ontario's Community Health Centres
Every One Matters.

PROGRESS NOTES

DATE	PROB. #	S.O.A.P. NOTES
Sept 2010		S In for cpx, see blue sheet
		O see blue sheet
		A/P ① Results of labs discussed, (A) risk 8%
		② f/u ODSP when ready (will see on this week)
OCT 04 2010		S In to start ODSP. Has couple of other forms
		O NAD
		A Forms
		Depression vs PTSD
		P ① Self report reviewed will take this home complete & drop off
		② Diet form & limitation form done
		③ f/u fasting blood 2-3/12 before prc
Oct 13/10		S In to drop of self report. Agrees to flu shot
		O NAD
		A Flu shot
		? trauma sx
		P ① Fluviral 0.5cc IM (R) delt. AFLUA631AA 2011 Aug
		② f/u prn
May 3/2014		email sent to him, advising the letter to dropped off to me.

NAME .... PAGE ....

DATE	PROB. #	S.O.A.P. NOTES
May 13/11		Spoke c̄ pt re. ODSP application & letter sent to Mr. MacDonald. He informed me that ODSP decision had been reversed & he would now be receiving it. He expressed anxiety about the process, in particular, his sense of lack of continuity of care after Ilona (RN EC) left on leave. He has made an appointment c̄ Ilona in July. Let him know that he could see another provider in the interim if needed. He should be referred to Raymond Macaraeg [illegible] [illegible]
JUL 04 2011		S In to do diet form & to get FOB kit (due this summer). Feels relieved he got ODSP on internal review.
		O NAD
		A/P ① Forms - done (see copy), will take to ODSP office & if they need new one (he has own one) he will drop off for me
		② Supportive counselling
		③ FOB req/kit given
		④ F/U Aug/Sept CPX
		I did not discuss letters sent by Jan to PCHC while I was gone. He asked if I'd seen them & I said yes but didn't discuss further [signature]
Sept 27/11		In for CPX - see blue sheet [signature]

Ontario
Ministry of Community and Social Services

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Disability Support Program Act*, 1997, sections 5 & 10, for the purpose of administering the Ontario Disability Support Program. For more information about the collection of personal information, contact the Client Service Advisor at the Ministry's Disability Adjudication Unit at 416 326-0417 (Greater Toronto Area) or toll free at 1 888 256-6758 (outside the Greater Toronto Area) or by writing to the Ontario Disability Support Program, Disability Adjudication Unit, Box B18, Toronto ON M7A 1R3.

Collect calls will be accepted.

TTY users in the Greater Toronto Area can call 416 326-3372.
TTY users in other area codes can call 1 866 780-6050.

If the applicant appeals the decision, this and all supplementary medical information provided will be released to the applicant, their legal representative(s) and the Social Benefits Tribunal.

For Ministry use only
Member I.D.

Applicant's Name *(please print)*: Rowland John

Date of Birth – Day	Month	Year	Sex
19	03	56	☒ Male ☐ Female

Applicant's Address
Street: 1501 Queen St W — Apartment Number: 14
City: Toronto — Postal Code: M6R1A3

Health Status Report and Activities of Daily Living Index

Note: If the person is in receipt of a Canada Pension Plan (CPP) **Disability Pension**, this form does not need to be completed. CPP Disability Pension recipients should contact their local Ontario Disability Support Program (ODSP) office with the CPP disability information.

Instructions

The Health Status Report (HSR) is intended to gather information about the applicant's diagnosis(es), impairment(s) and restrictions that give rise to their application for Income Support under the *Ontario Disability Support Program Act, 1997*. The HSR includes an Intellectual and Emotional Wellness Scale and Activities of Daily Living Index. The Intellectual and Emotional Wellness Scale must be completed if the principal diagnosis(es) relates to mental health or intellectual development. (This scale is not required for diagnosis(es) that are of a physical nature only.) In addition, there is a section for those with visual and/or auditory impairments and should be completed where either of these conditions need to be considered.

Who may complete the form(s)

The **Health Status Report** may be completed by physicians, psychologists, psychological associates, ophthalmologists, optometrists and registered nurses in the extended class (RNEC), licensed to practice in the Province of Ontario. The **Activities of Daily Living Index** may be completed by physicians, psychologists, ophthalmologists, optometrists, occupational therapists, physiotherapists, psychological associates, audiologists, chiropractors, registered nurses in the extended class, registered nurses, speech language pathologists, and social workers, licensed to practice in the Province of Ontario. The Activities of Daily Living Index can be detached if it is being completed by a different approved professional than the one who completed the Health Status Report.

How to complete the form

Please answer all the questions as completely as possible in order to provide the adjudicator with comprehensive information. For applicants whose diagnosis(es) relates to mental health or intellectual development, complete the Intellectual and Emotional Wellness Scale in addition to the main portion of the Health Status Report.

Complete the section on the Activities of Daily Living Index for all applicants. *Complete the visual acuity and/or auditory sections for those with visual or hearing impairments, questions 9 and/or 10. Otherwise, these sections do not need to be completed.*

Supporting documents/insufficient information

Supporting documents for the principal diagnosis(es) *must* be attached to the completed Health Status Report. These could include copies of reports regarding laboratory findings, x-rays, pathological findings, specialist's reports, hospital records, discharge summaries and psychological reports. Cost of photocopying has been included in the fee. Please do not submit actual x-rays or pathology slides. Reports will not be returned. **Please make a copy of the report for your own records.**

If insufficient information is provided (e.g. questions answered with a lack of comprehensive detail, supporting documentation not included), the adjudicator may request further information and/or supporting documentation from you. This will result in unfortunate delays in processing your patient's application for ODSP Income Support. It is therefore requested that *all* relevant information/documentation be included to expedite the adjudication, including the Consent Form. They should be completed as appropriate and **a copy retained for your record.**

The original Health Status Report and Activities of Daily Living Index form must be submitted. Photocopied forms will not be accepted.

Note: Under the legislation, the applicant has 90 days from the day they receive the adjudication package to return this completed report along with the Activities of Daily Living Index (ADL) form and the Consent to Release Medical Information form to the Disability Adjudication Unit. Please help the applicant to meet this deadline.

Please make a copy for your own records.

For your reference, the following definitions are provided:

(A) Condition – is the name of the disease or disease state or diagnosis or syndrome.

(B) Impairment – is the loss, loss of use or derangement of any body part or system or function. Function can be psychological or psychiatric in origin.

(C) Restriction – is the limitation to the activities of daily living arising directly or indirectly from the impairment.

(C) Restriction(s)	Duration (D)	Duration (E)	(F) Prognosis of Condition(s)
Cannot walk more than 3 blocks before having to stop.	Expected to last: ☐ less than 1 year or ☒ 1 year or more	and is ☐ recurrent/episodic or ☒ continuous	Is likely to: ☐ improve ☒ deteriorate ☐ remain same ☐ unknown
difficulty shopping for groceries or doing other ADLS which exert him physically & involve crowds/interactions with others	Expected to last: ☐ less than 1 year or ☒ 1 year or more	and is ☐ recurrent/episodic or ☒ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☒ unknown
difficulty with many ADLS, particularly those involving interactions with others fatigued much of time	Expected to last: ☐ less than 1 year or ☒ 1 year or more	and is ☐ recurrent/episodic or ☒ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☒ unknown
	Expected to last: ☐ less than 1 year or ☐ 1 year or more	and is ☐ recurrent/episodic or ☐ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☐ unknown
	Expected to last: ☐ less than 1 year or ☐ 1 year or more	and is ☐ recurrent/episodic or ☐ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☐ unknown
	Expected to last: ☐ less than 1 year or ☐ 1 year or more	and is ☐ recurrent/episodic or ☐ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☐ unknown

3. Please list medication(s) for the current and ongoing condition(s) listed in question No. 2.

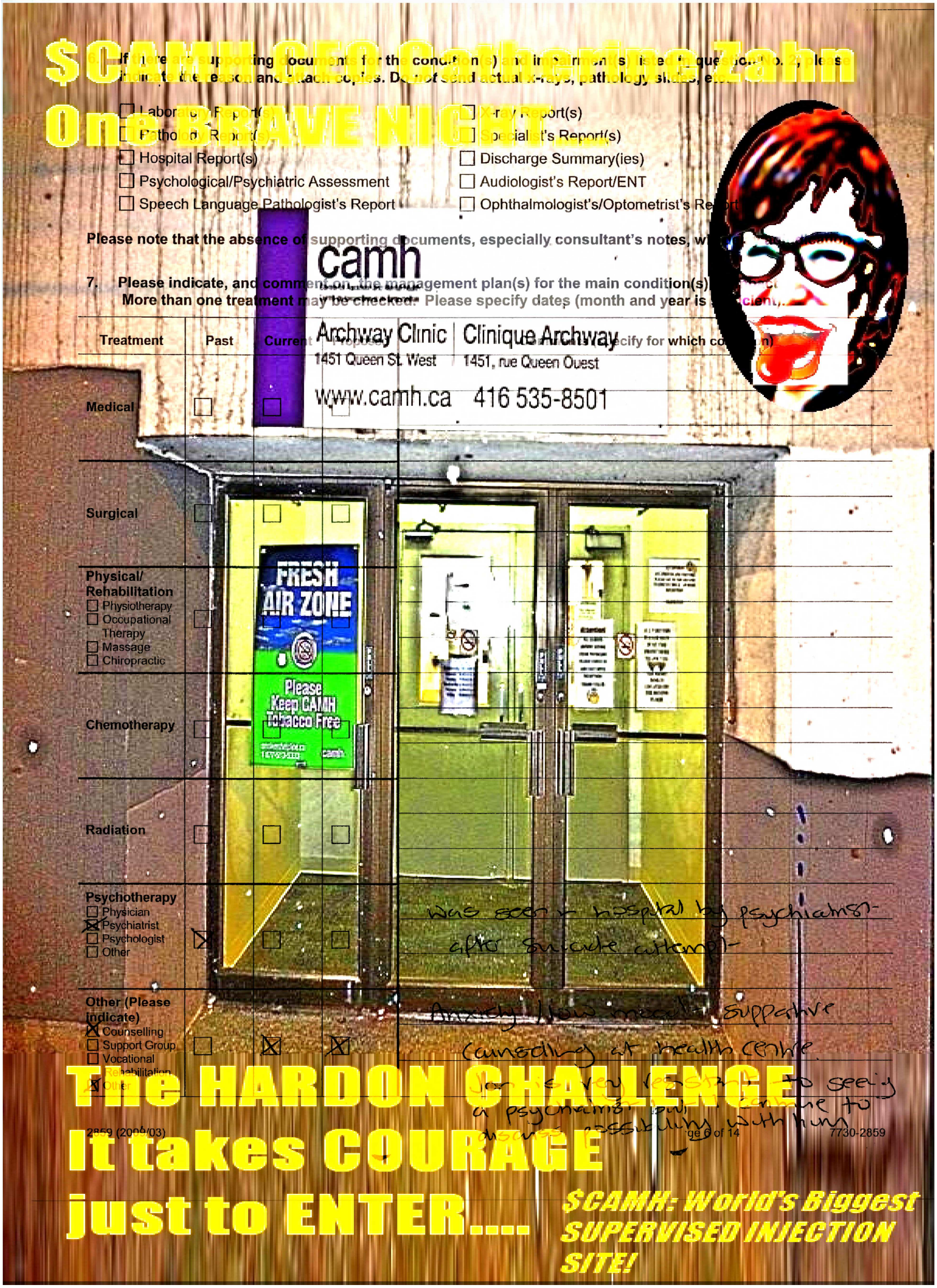
Conditions	Drug	Dosage	Frequency
	/		

4. Please add any other relevant information or comments that you think may be helpful in assessing the applicant's main condition(s) and impairment(s).

Jon has not worked since 2007. It is my opinion that he suffered from some kind of anxiety for many years and his ability to function deteriorated as he struggled to cope working in the shelter/group home system. The suicide of his friend appears to have finally tipped his mental health over to the point that he has withdrawn from much of society, and become more anxious, his mood lower than previously, & now struggles to manage the simple daily necessities of living. He admits that given his experience working in the system he has little faith in psychiatrists & medication by his mental health issues. He is certainly severely disabled & unable to work for the foreseeable future.

5. Please list hospitalizations related to the current and ongoing condition(s) identified in question No. 2.

Name of Hospital	Location (Town)	Dates of admission/date of ER visits (year only) relating to the principal condition(s)	☐ Hospital Report Attached ☐ Discharge Summary Reasons for admission and ER visits and length of stay, if applicable.
Unknown	Toronto	1970s	Suicide attempt


$CAMH CEO Catherine Zahn
One BRAVE NIGHT...
Hospital Report(s)
Psychological/Psychiatric Assessment
Speech Language Pathologist's Report
Discharge Summary(ies)
Audiologist's Report/ENT
Please note that the absence of supporting documents, especially consultant's notes,
7. Please indicate, and comment on, the management plan(s) for the main condition(s)
camh
Archway Clinic | Clinique Archway
1451 Queen St. West
1451, rue Queen Ouest
www.camh.ca 416 535-8501
Treatment
Past
Medical
Surgical
Physical/ Rehabilitation
Physiotherapy
Occupational Therapy
Massage
Chiropractic
Chemotherapy
Radiation
Psychotherapy
Physician
Psychiatrist
Psychologist
Other
Other (Please indicate)
Counselling
Support Group
Vocational
FRESH AIR ZONE
Please Keep CAMH Tobacco Free
was seen in hospital by psychiatrist after suicide attempt
supportive counselling at health centre
The HARDON CHALLENGE
It takes COURAGE just to ENTER....
$CAMH: World's Biggest SUPERVISED INJECTION SITE!

8. Intellectual and Emotional Wellness Scale

▷ ***It is not necessary to complete this area for persons whose conditions are solely of a physical nature.***
For each item indicate the most characteristic class for that item where Class 1 represents no symptoms or signs while Class 2 represents minimal symptoms or signs, Class 3 represents moderate symptoms or signs and Class 4 represents severe symptoms or signs. **Check one choice only.**

Psychologist's/Psychiatrist's report attached ☐ **Yes** ☒ **No**	**No assistance from another person is required to complete the activities specified**		**Assistance from another person is required in order to complete the activities specified**	
Mark "X" for most appropriate description(s)	**Class 1** • No Symptoms or signs	**Class 2** • Some safety concerns • Minimal symptoms or signs	**Class 3** • Safety concerns • Moderate symptoms or signs	**Class 4** • Unsafe • Severe symptoms or signs
A Bodily functions (eating, eliminating, sleeping)	☐	☐	☒	☒
B. Consciousness (attentional focus, levels of consciousness)	☐	☒	☐	☐
C. Emotion (affect, mood, anxiety and other emotions, associated psychological disturbances, panic phobia)	☐	☐	☒	☐
D. Impulse control (difficulty with behavioural control)	☐	☒	☐	☐
E. Lack of insight (grandiosity, excessively negative self evaluation, difficulty in understanding one's own mental health problems)	☒	☐	☐	☐
F. Intellectual function (cognitive disturbance, planning, organizing, sequencing and abstracting difficulties)	☒	☐	☐	☐
G. Judgement (difficulties anticipating impact of one's behaviour on self and others)	☒	☐	☐	☐
H. Learning (language processing, mathematics, attention difficulties)	☐	☐	☐	☐
I. Memory (amnesia, hypervivid flashback, dissociation)	☐	☒	☐	☐
J. Motivation (depressive avolitional problems)	☐	☐	☒	☐
K. Motor behaviour (conversion, motor coordination deficit, agitation, retardation and compulsions)	☒	☐	☐	☐
L. Perception (visual processing, hallucination, illusion, dissociation, sensory distortions, pain amplification)	☐	☒	☐	☐
M. Thinking (delusions, obsessions, flight of ideas, blocking)	☐	☒	☐	☐

These questions ***must*** be completed for all clients.

These questions seek to describe the impact of the impairment on the applicant's ability to attend to his or her personal care, function in the community and function in a workplace. It seeks to understand the restrictions in the activity specified. Please use the scaling below:

Class 1	Class 2	Class 3	Class 4
Within normal limits. **Or** Not applicable. **Note:** Does not prevent the performance of any activity.	Mild or slight limitations. **Note:** May result in slightly longer time requirements to complete the task or mild exacerbation of pain. **Or** Accommodation may be required to complete the task.	Medium or moderate limitations. **Or** Requires considerably longer time to complete the task and may on some occasions be unable to complete the task with or without accommodations and with or without moderate pain.	Severe or complete limitations on most occasions to completion of the task.

Mark an "X" through choice

1.	Orientation to time, person and place	①	②	③	④
2.	Recognizes within normal limits common dangers in the home, workplace or community	①	②	③	④
3.	Ability to comprehend, express or communicate orally	①	②	③	④
4.	Use the telephone	①	②	③	④
5.	Exhibits normal limits of functioning with respect to intelligence	①	②	③	④
6.	Exhibits normal limits of functioning with respect to impulse control and behaviour	①	②	③	④
7.	Responds within normal limits to situations requiring memory (e.g. remember where he/she lives, names of family and friends, etc.)	①	②	③	④
8.	Attention span is sustainable and appropriate to task	①	②	③	④
9.	Physical strength commensurate with person's age and sex	①	②	③	④
10.	Ability to participate physically in sustained activity	①	②	③	④
11.	Walks three blocks or more on level ground without need to rest	①	②	③	④
12.	Climbs up or down one flight of stairs (six steps)	①	②	③	④
13.	Able to use means of public transport if available	①	②	③	④
14.	Wash all parts of the body, able to maintain personal hygiene and grooming	①	②	③	④
15.	Select clothes for weather and situations	①	②	③	④
16.	Bowel and bladder control	①	②	③	④
17.	Can take medication(s) as directed and handle/store medication(s) safely	①	②	③	④
18.	Is able to utilize commercial services (banks, hydro, phone company, etc.)	①	②	③	④
19.	Financially responsible for his/her own affairs (e.g. applicant can function independently)	①	②	③	④
20.	Able to feed oneself	①	②	③	④
21.	Do housekeeping (cleaning, laundry, meal preparation, shopping for essentials such as groceries, clothes, etc.)	①	②	③	④
22.	Able to stand	①	②	③	④
23.	Able to sit for a sustained period	①	②	③	④
24.	Able to transfer to and from chair, toilet, wheelchair, etc.	①	②	③	④

Please provide any additional limitations you believe to be relevant or additional comments you would like to make. A space is provided below.

Jon has not worked for several years. He describes a progressive deterioration in his ability to manage ADLs & function over the last few years he worked in the group home / shelter system, the final straw being the suicide of his friend. Jon did not recognize he was burning out in the past suggesting a lack of recognition of changes in the community. He is an educated, intelligent man but his disability causes him to have poor interpersonal skills & difficulty relating to others. He has withdrawn from much of society. He is extremely intolerant of ignorances to him or other vulnerable people. He becomes irritable easily. He admits that certain basic ADLs such as grocery shopping trigger intrusive memories of his time at the group home and his deceased friend. He sleeps poorly and as a result has less strength & ability to participate in physically sustained activity than would be expected for a man of his age. Some days it is a huge effort for him to get up, shower, dress & go out of the home. Jon's past experience has made him very resistant to psychiatry and psychiatric medication. This has meant he has declined a psychiatric assessment. He feels, and I agree, that right now he is sufficiently disabled by his mental health issues that he cannot work and that a psychiatric assessment would not change this. He needs ODSP & will continue to work on his issues by writing and hopefully connecting with more formal ~~couns~~ counselling.

Please attach copies of any relevant documentation/reports (e.g. Functional Assessment, Community Assessment).

Please fill out this page if you are completing the Health Status Report and the Activities of Daily Living Index, or the Activities of Daily Living Index only.

The application will *not* be processed if this page is incomplete.

Please complete the following in BLOCK LETTERS.

Name		Stamp
Address		Shona MacKenzie RN(EC) Parkdale Community Health Centre 1229 Queen Street West Toronto, ON M6K 1L2 Tel: (416) 537-2455 Fax: (416) 537-3526
Telephone No.	Fax No. 416 537 352 6	

Certificate of Approved Professional

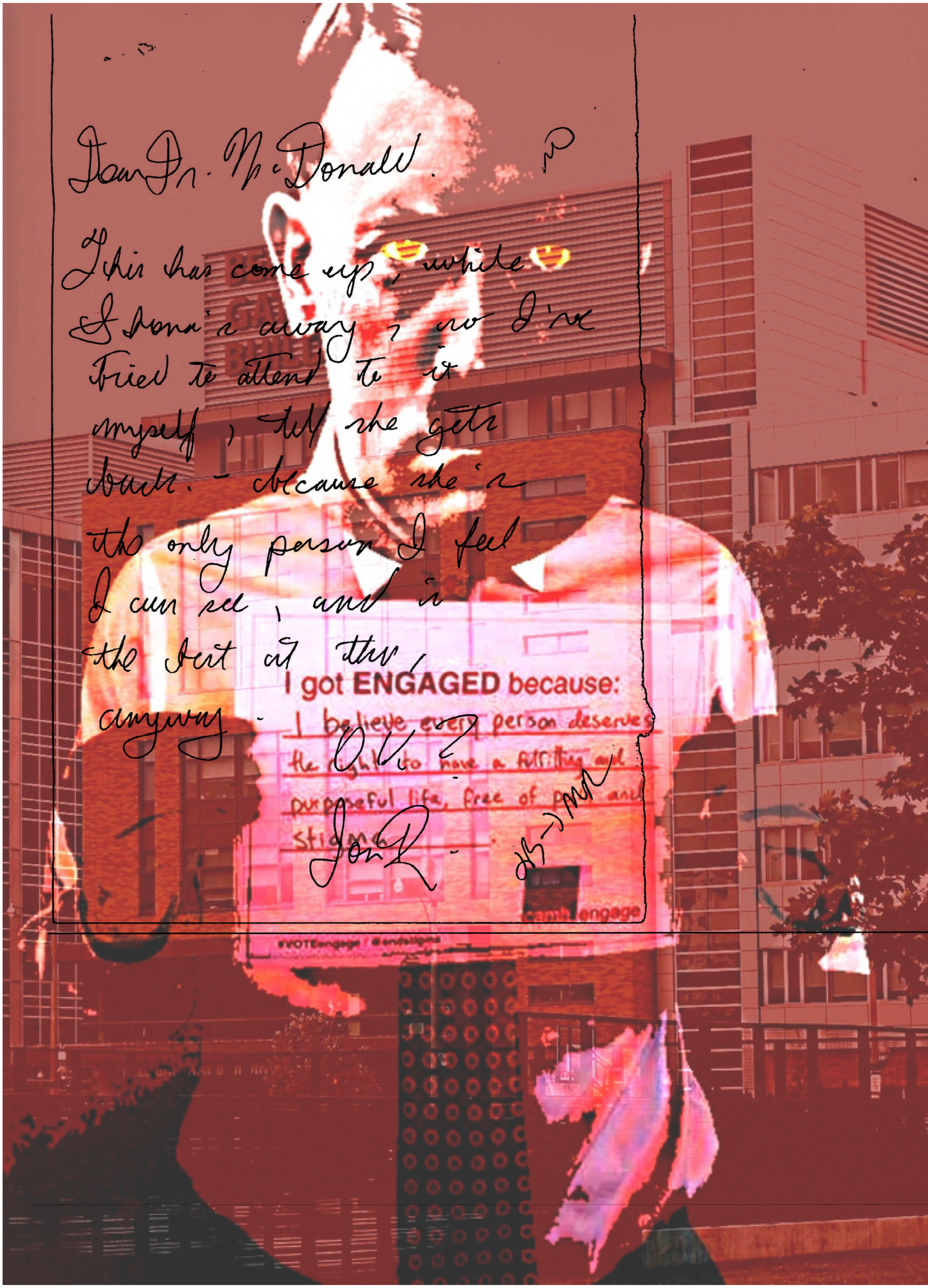
I, SHONA MACKENZIE

am a legally qualified REGISTERED NURSE (EXTENDED CLASS) in the **Province of Ontario**

and this report contains my clinical assessment and considered opinion at this time.

Signature: Shona MacKenzie

Date: Nov 4/10


Dear Dr. McDonald.
This has come up, while
tried to attend to it
myself, till she gets
back. - because she's
the only person I feel
I can see, and is
anyway.
OK?
Jon R.
I got ENGAGED because:
I believe every person deserves
purposeful life, free of
stigma.
#VOTEengage
engage



1501 Queen St. W.
M6R 1A3
416-830-3916

Att: Ontario Disability Support Program
Fax 416-326-3374

Re: 111121919
(Dr. Jon Thomas Rowland)

Thank you for your decision, dated April 21, 2011 (received April 27). I wish to request an internal review.

I disagree with this decision, because with my stress-related disorder and other factors, I find myself permanently unable to work.

Also, more information is pending, including a psychiatric assessment.

However, my principal care-provider, who initiated this application with me and who would arrange the gathering of this information, is on leave till July 4. I will, therefore, need till the end of July, to speak to my care-giver, and to have her arrange all the necessary appointments, etc.

To this end I have already scheduled an appointmenat with my care-giver, but the earliest date I could get was July 4.

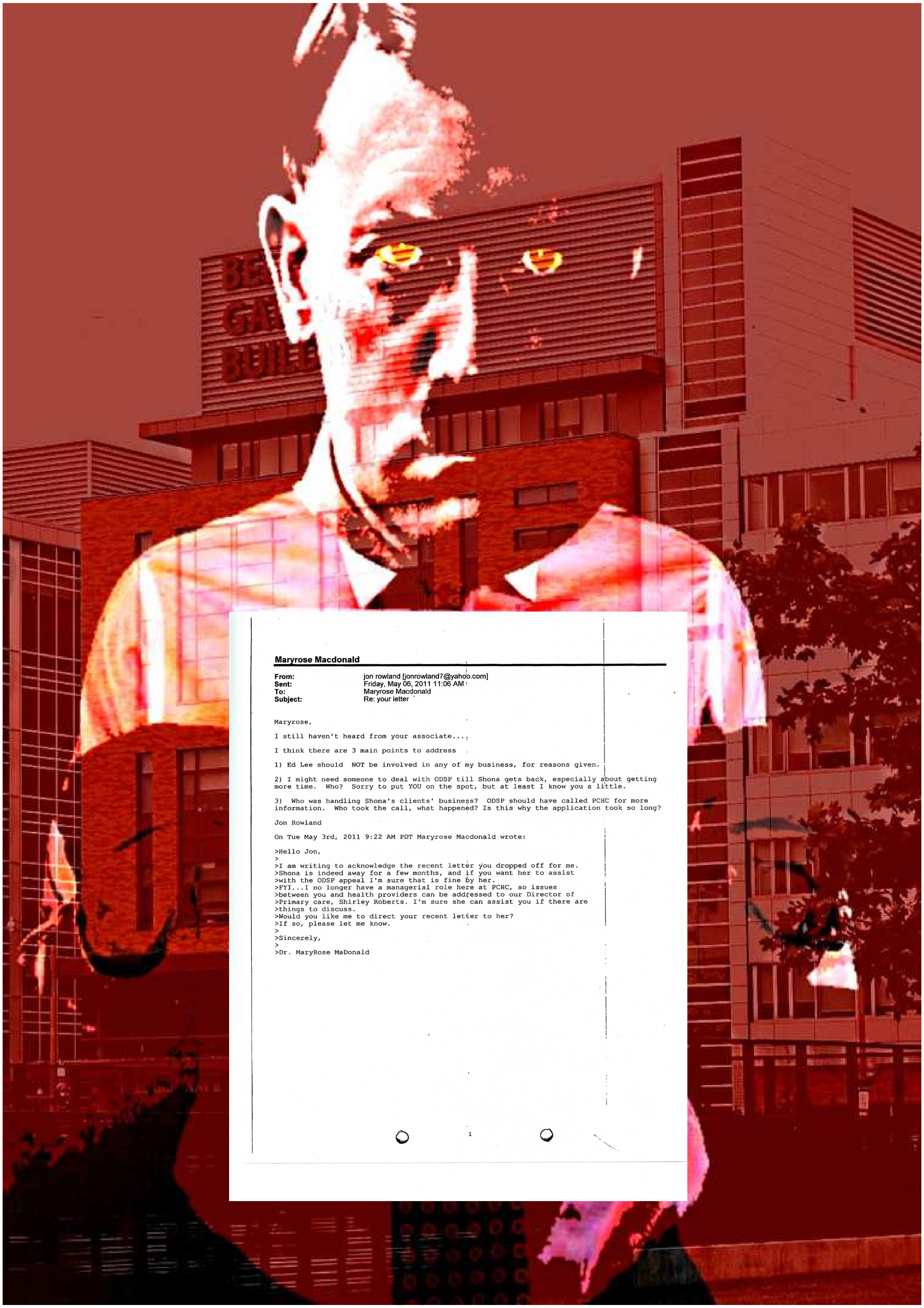
I hope you will also bear in mind that we anticipated a response before now, and before my care-giver was to go on leave, since the application was completed on November 8, or nearly 6 months ago.

Please confirm, therefore, that you can wait till the end of July, to conduct an internal review, including this addition information that my care-giver will arrange, etc., upon her return in July.

Sincerely

Dr. Jon Thomas Rowland
April 27, 2011

cc: Dr. MacDonald, Med. Dir. PCHC



Maryrose Macdonald

From: jon rowland [jonrowland7@yahoo.com]
Sent: Friday, May 06, 2011 11:06 AM
To: Maryrose Macdonald
Subject: Re: your letter

Maryrose,

I still haven't heard from your associate...

I think there are 3 main points to address

1) Ed Lee should NOT be involved in any of my business, for reasons given.

2) I might need someone to deal with ODSP till Shona gets back, especially about getting more time. Who? Sorry to put YOU on the spot, but at least I know you a little.

3) Who was handling Shona's clients' business? ODSP should have called PCHC for more information. Who took the call, what happened? Is this why the application took so long?

Jon Rowland

On Tue May 3rd, 2011 9:22 AM PDT Maryrose Macdonald wrote:

>Hello Jon,
>
>I am writing to acknowledge the recent letter you dropped off for me.
>Shona is indeed away for a few months, and if you want her to assist
>with the ODSP appeal I'm sure that is fine by her.
>FYI...I no longer have a managerial role here at PCHC, so issues
>between you and health providers can be addressed to our Director of
>Primary care, Shirley Roberts. I'm sure she can assist you if there are
>things to discuss.
>Would you like me to direct your recent letter to her?
>If so, please let me know.
>
>Sincerely,
>
>Dr. MaryRose MaDonald

1



Maryrose Macdonald

From: jon rowland [jonrowland7@yahoo.com]
Sent: Tuesday, May 03, 2011 1:24 PM
To: Maryrose Macdonald
Subject: Re: your letter

Yes, Mary, you can redirect my letters to Shirley, both of them.

The main thing she might be able to do something about, is getting more time for the review of the ODSP app, till Shona can get back and get on it. If they won't grant what I requested in my letter (of which you have a copy)a, I will need Shirley's intervention. The ODSP took too to process as it is, but Shona is the only one who knows anything about it, and the only one I know who's any good at such things at PCHC.

I do NOT want to see Ed Lee, period, for the reasons I gave you.

If there's someone else who sees Shona's patients, and who's like her, in terms of practicality and effectiveness, Shirley can let me know, in an email at the address you have (this is the best way, especially as I soon won't be able to afford a phone).

Regards,
Jon Rowland

On Tue May 3rd, 2011 9:22 AM PDT Maryrose Macdonald wrote:

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>
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>Shona is indeed away for a few months, and if you want her to assist
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>things to discuss.
>Would you like me to direct your recent letter to her?
>If so, please let me know.
>
>Sincerely,
>
>Dr. MaryRose MaDonald

1501 Queen Street West
Toronto, Ontario
M6R 1A3
jonrowland7@yahoo.com

Dr. Mary Rose MacDonald
Parkdale Community Health Centre

Dear Dr. MacDonald

I left a letter at the door for you, for one of your clerk's to leave for you with the receptionist (it was "trainin day" so the doors were locked). I would appreciate it, if you'd let me know you got it.

My principal concern is waiting to appeal the decision of the ODSP, till Shona Mackenzie gets back in early July.

I mentioned in my letter that she was my principal care-provider (is that the term?), and also, more importantly, the only person I wanted to see, especially for this matter of the ODSP application.

I especially do NOT want someone else getting involved at this point, especially as Shona is the only person I've talked to at any length about this matter.

I feel in this context I should say something about Dr. Lee, whom you assigned me after Dr. Wong sent me off to be tested for AIDS for "sex with men," (after I'd told her I hadn't had any!).

We don't get along. Regarding the business with Dr. Wong, he took sides, telling me (somewhat inconsistently) that (1) she hadn't meant anything by it, and (2) that it was understandable, "given the POPULATION." Then he expressed inappropriate value-judgments, by charactaerizing my sexuality as "pining," and offering to show me how to put on a contraceptive device. I found this uninformed (to say the least), and rather stupid (who doesn't know how to put on a safe?).

Finally, regarding the matter of the ODSP, which I initially broached with him, he proceeded to lecture me about things that I know more about than he does - and without knowing ME at all! The only practical thing he tried to do for me, was clean my ears, but he blew that too because, unlike a good nurse, he started the operation without the stuff he needed to complete it. Consquently, I went around for 2 or 3 weeks half deaf.

I want someone who approaches me as an individual, not with a lot of abstractions and misconceptions about "THE POPULATION." It also helps if that person gets to know me a little, before expressing value judgments and opinions. It even helps, if that person

is on time (or at least not always seriously LATE). These are all reasons why I feel I should wait for Ms. Mackenzie.

I especially feel that no one else should be involved in this complicated matter of the ODSP application, which for some reason has already taken too long to process, esepcially when their "decision" seems so obtuse, like they never even read my application.

I would appreciate your acknowledgement of my letters, and some assurance from you, that these matters will be dealt with by Ms. Mackenzie, and only her, upon her return. I'm sure you're busy, so you can email if you like, at the address above.

Sincerely

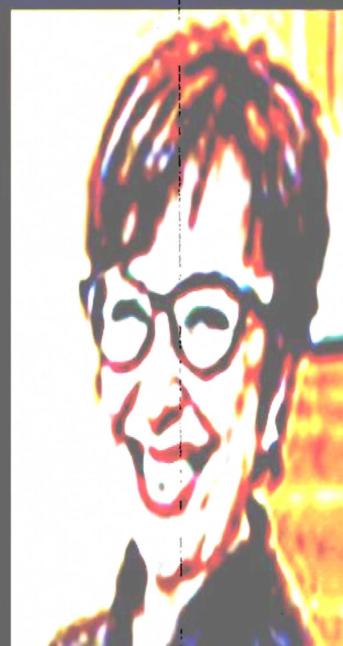
Dr. Rowland

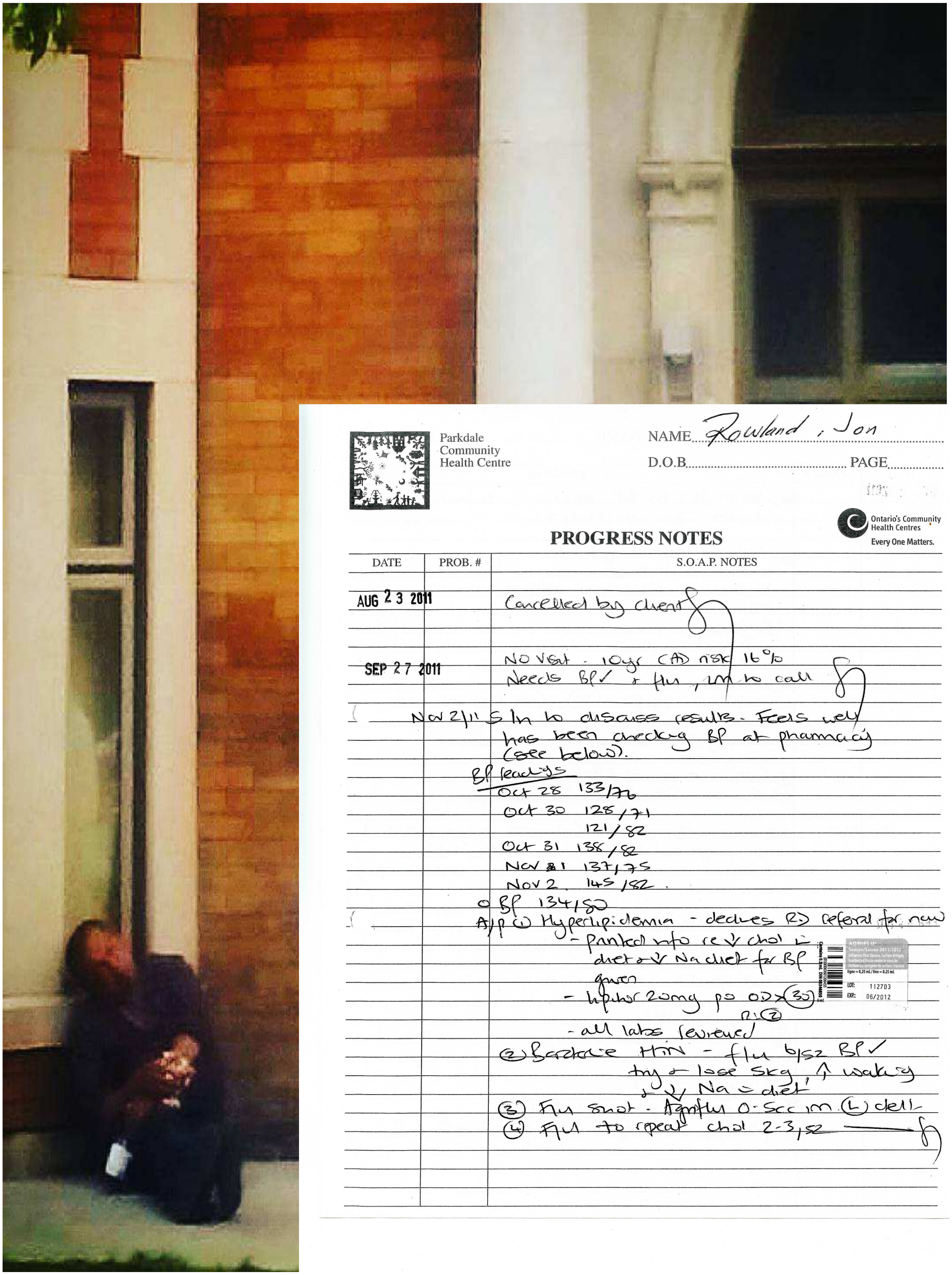
APRIL 29, 2011

I will come again,

and I will be millions

CAMH CEO Catherine Zahn





Parkdale Community Health Centre

NAME Rowland, Jon

D.O.B.

PAGE

Ontario's Community Health Centres
Every One Matters.

PROGRESS NOTES

DATE	PROB. #	S.O.A.P. NOTES
AUG 23 2011		Cancelled by client
SEP 27 2011		NO visit - 10yr CAD risk 16%
		Needs BP ✓ + flu, will call
Nov 2/11		S In to discuss results - Feels well
		has been checking BP at pharmacy
		(see below).
		BP readings
		Oct 28 133/76
		Oct 30 128/71
		121/82
		Oct 31 138/82
		Nov 1 137/75
		Nov 2 145/82.
		O BP 134/80
		A/P ① Hyperlipidemia - declines Rx referral for now
		- printed info re ↓ chol diet + ↓ Na diet for BP given
		- Lipitor 20mg po OD x (30) R: ②
		- all labs reviewed
		② Borderline HTN - f/u 6/52 BP ✓
		try + lose 5kg, ↑ walking + ↓ Na ē diet
		③ Flu shot - Agriflu 0.5cc im Ⓛ delt
		④ F/U to repeat chol 2-3/52

AGRIFLU
Season/Saison 2011/2012
LOT: 112703
EXP.: 06/2012

NAME.. PAGE..............

DATE	PROB. #	S.O.A.P. NOTES
DEC 19 2011		S ① In to f/u on BP, checked it a few times. Dec 14 126/67
		Dec 18 111/72
		② Feels a little fatigued, not anything he is worried about thinks it may be related to end of stress at ODSP etc
		O NAD
		BP 134/80
		A ① ↑ chol
		② BP ✓
		③ Fatigue
		P ① Lipitor 20mg po × (35) (to last till end of Feb → already has till end Jan)
		② Req for TSH, CBC, chol to be done early Feb
		③ Continue to monitor BP
		④ f/u Feb 1/12
Feb 3/12		LDL now ↓ to 2.91 (almost target of 2.65), HDL improved to 1.40 from 1.12
		Continue same dose lipitor & recheck 6/12
FEB 09 2012		S In for results of tests & BP ✓. Feels good, more stable than he has in years.
		O BP 122/70
		Mood good.
		A ① BP ✓
		② Hypercholesteria
		③ Visit for Rx renewal
		④ Results
		P ① Supported ++
		② Results reviewed
		③ Lipitor 20mg po OD × (35) R (5)
		④ f/u 6/12 chol repeat, before prn

Parkdale Community Health Centre

NAME Jon Rowland

D.O.B. .... PAGE ....

Ontario's Community Health Centres — Every One Matters.

PROGRESS NOTES

DATE	PROB. #	S.O.A.P. NOTES
AUG 23 2012		S Just checking in, will run out of lipitor soon, due for cpx next month. Didn't have a great summer but doing ok now O NAD A ↑ chol P ① Supported ++ ② Req for fasting chol, BS lytes, AST/ALT, Cr given to be done before cpx ③ F/U Oct 4 cpx
Sept 5/12		NO VISIT - BS 6.3 Chol 5.5 HDL 1.53 LDL 3.03 Ratio 3.3 Risk 13.3 (moderate), LDL w/i range, as is Rho, continue lipitor + repeat 6/12 Needs repeat BS next visit
OCT 04 2012		In for cpx - see periodic health exam
OCT 31 2012		S In for 75gm OGTT Fasting this am O NAD A Blood P ① Blood sent for FBS ② 75gm glucose drink given ③ Blood for BS taken 2° post-drink, A1C sent ④ F/U 1/52 results

NAME...PAGE..............

DATE	PROB. #	S.O.A.P. NOTES
Nov 6/12		No visit - A,C 0.61, BS (N)
		to be discussed at next visit
NOV 0 9 2012		S In to review labs interested in learning
		more about DM he thinks people in
		his family had type II DM.
		O NAD
		A Results
		P ① Labs reviewed
		② Supported H
		③ F/U Glen soon, me Jan
Dec 4/12		Diet form done, Jan will pick up, see copy

CLIENT INDENTIFICATION:

Jon Rowland **18557**
14 - 1501 Queen St. West
Toronto, Ontario, M6R 1A3
Tel 1: (416) 880-3916 **Tel 2:** 8247831
DOB: 3/19/1956 M **HIN:** 7426746926 LN

MARITAL STATUS:
- [x] Single
- [ ] Married
- [ ] Divorced/Separated
- [ ] Common-Law
- [ ] Other

IMMIGRATION STATUS:
- [x] Canadian Citizen
- [ ] Refugee Claimant
- [ ] Landed Immigrant
- [ ] Other

FAMILY MEMBERS: older brother + sister.

Other contact #:

IFH:

EXTERNAL PROVIDER OR CONTACTS:

PCHC PROVIDERS: Shana

PAST MEDICAL HISTORY:	DATE	ONGOING HEALTH CONCERNS:	DATE
tonsillectomy.	age 7.		
strabismus - surgery	age 4.		

camh
RESEARCH



SCREENING	
TB	
HIV	
HEP B	
HEP C	
BMD	
MAMM	
PAP	
RUBELLA	
VARICELLA	
VDRL	⊖ 6/09

LIFESTYLE ISSUES	
SMOKING	ϕ
ALCOHOL	1 beer/wk.
SUBSTANCE USE	ϕ.
NUTRITION	
EXERCISE	jogging 2-3x/wk (45-60 min).
RELATIONSHIP	single. homosexual.
OTHER	

IMMUNIZATION:	DATE	SPECIAL ISSUES (current issues) [Use pencil only]	DATE
Tetanus	1989?		
Tdap 2/7/09			
Hep B #1 July 16/09			
#2 Oct/09			
#3 July/10			
Fluviral	Oct.3/10		
Fluviral	Oct 4/12		


DETERMINANTS OF HEALTH
Date
Housing
Poverty
Safety/Violence
FAMILY HISTORY:
Mother - breast Ca.
sister - healthy.
Michael Zahn
UCC '01
1229
PERSONAL INFORMATION :
Employment
currently unemployed
Source of Income
savings
Billy Zahn
UCC '09
Sexual Orientation
Country of Origin
Canada.
Date of Arrival
Social Support
friends.
ALLERGIES:
environmental (hay fever).
Milk 2010.
SBE Prophylaxis needed/required
ODSP
355 Yonge.


DETERMINANTS OF HEALTH
Date
Isolation/ Social Supports
Housing
Poverty
Safety/Violence
Employment
Education
May 28/05
few friends in neighbourhood.
apartment
unemployed.
PhD English.
July 2011
ODSP
GAY RIGHTS
FOR NOW
FAMILY HISTORY:
Mother - breast Ca
Brother
sister - healthy
PERSONAL INFORMATION:
Employment
currently unemployed.
has published works.
Source of Income
savings.
Sexual Orientation
homosexual
Country of Origin
Canada.
Date of Arrival
Social Support
friends.
Suicide of co-worker
ALLERGIES:
environmental
SBE Prophylaxis needed/required
MVC 2010
m
h

Jan Rowland

<u>Statement for medical review (unsuccessful – so far)....</u>

SCAMH

My condition has not changed much in the last 2 years, but it has not deteriorated much either and I have been relatively stable. I have not worked since August 27, 2007 when I became sick in an Emergency Shelter, and had to be relieved. I remain unable to work, with trauma-related stress disorders following the suicide of a friend and colleague, and other traumatic events at a group home and shelters where I worked, and a long-standing condition of instability, stress, withdrawal and depression – including an early (isolated) suicide attempt.

REDEVELOPMENT

While counseling and meetings with my primary care provider have helped me to stabilize my life, I have great difficulty interacting with people, from routine activities like following and remembering simple conversation, to maintaining close relationships. I have no close relationships with anyone, and attempts at these have always ended badly.

I am easily frustrated, anxious, and impatient – and always somewhat tired and depressed. While I have difficulty concentrating and remembering things I've just read, things that reminds me of my past employment and experiences can literally make me sick. Even routine inter-action with officials in banks, social workers and medical personnel, is very difficult for me because it brings back my experiences in shelters when I myself was a support worker and – of course – the suicide of my friend and my own earlier suicide attempt.

I still have difficulty sleeping or staying asleep because I dream about these experiences, and also about earlier unhappy experiences as a lecturer when I was harassed for my sexual orientation, and subsequent difficulties I had finding ANY sort of employment. Despite having a doctorate in English Literature from the University of Montreal, I have never had a steady job, let alone an appropriate one, because of these long-standing disorders.

ELI LILLY "TRAINING" CENTRE

While psychiatric counseling has been suggested, I have always been – I think understandably – anti-psychiatric, as a result of experiences following my suicide attempt as a young man, as a result of having known in shelters and group homes so many "mentally ill" and disturbed people whom psychiatry did NOT benefit, and as a result of my own self-education. I am willing to listen and consult with my primary care provider, however – and, as mentioned above, I have found this helpful and have at least managed to stabilize my life, really for the first time.

Besides these mental/psychological disorders, I know that I have physically declined somewhat in the last 2 years. I tire easily – because of reduced stamina, but also because I still have difficulty falling asleep and staying asleep – because of anxiety and dreams related to past employment and to details of my aborted career – including the violent death of my (best) friend and colleague – but also because of reduced stamina. I often have headaches, with slight dizziness and occasionally nausea – especially in the

SHRINK

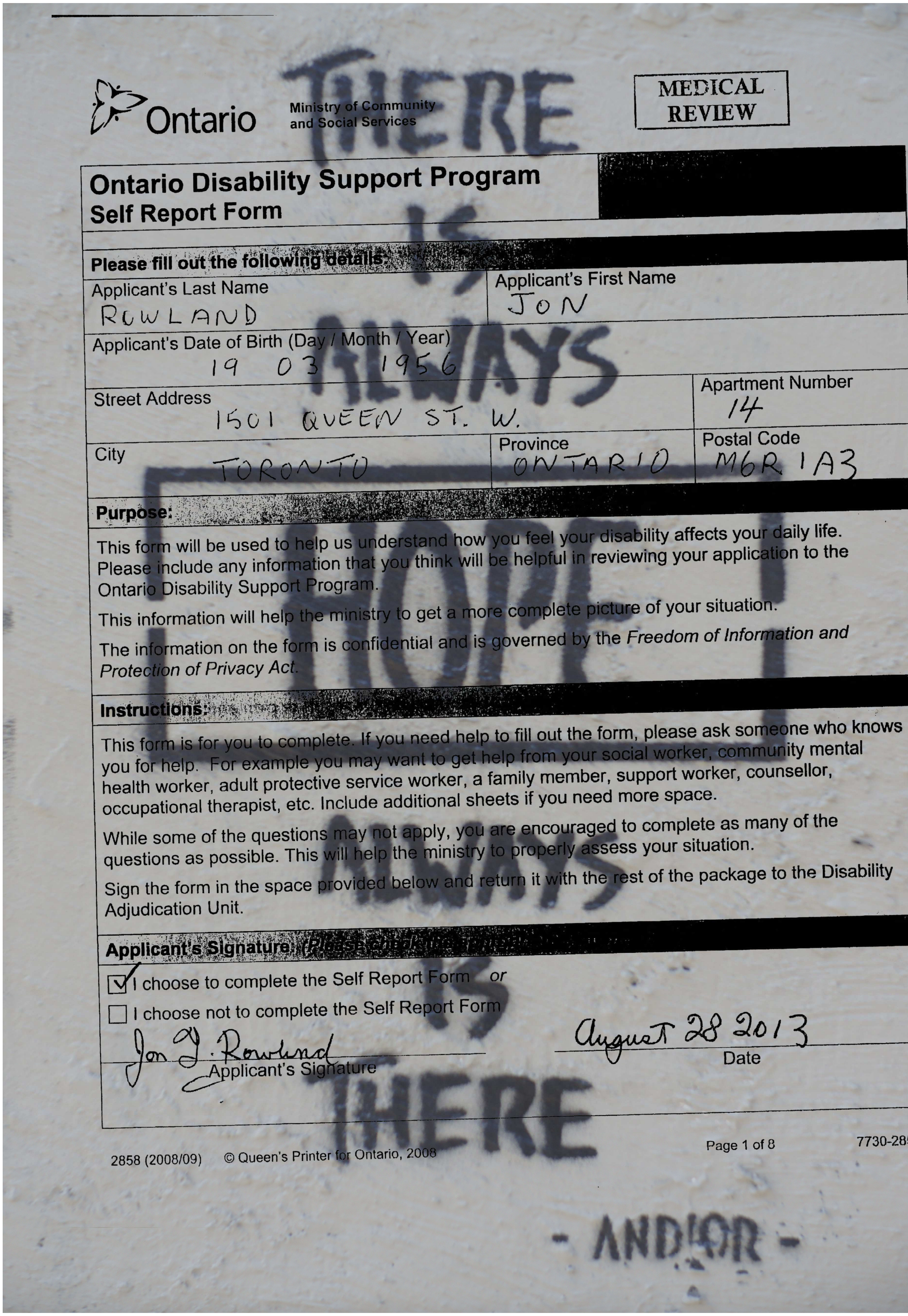
BABYLON

morning. These could be due to a number of factors, most obviously to stress, and my age would now be a contributing factor too.

I do my best to keep mentally active by reading and writing every day. I have to limit this activity however, because it can aggravate the condition I have. I try to go for a walk every day, and I manage most of my daily affairs myself – banking, shopping, cleaning, meetings with my principal care provider, etc. – by doing a little at a time.

Jon Thomas Rowland
August 27, 2013





Ontario Ministry of Community and Social Services

MEDICAL REVIEW

Ontario Disability Support Program
Self Report Form

Please fill out the following details:

Applicant's Last Name	Applicant's First Name	
ROWLAND	JON	
Applicant's Date of Birth (Day / Month / Year)		
19 03 1956		
Street Address		Apartment Number
1501 QUEEN ST. W.		14
City	Province	Postal Code
TORONTO	ONTARIO	M6R 1A3

Purpose:

This form will be used to help us understand how you feel your disability affects your daily life. Please include any information that you think will be helpful in reviewing your application to the Ontario Disability Support Program.

This information will help the ministry to get a more complete picture of your situation.

The information on the form is confidential and is governed by the *Freedom of Information and Protection of Privacy Act.*

Instructions:

This form is for you to complete. If you need help to fill out the form, please ask someone who knows you for help. For example you may want to get help from your social worker, community mental health worker, adult protective service worker, a family member, support worker, counsellor, occupational therapist, etc. Include additional sheets if you need more space.

While some of the questions may not apply, you are encouraged to complete as many of the questions as possible. This will help the ministry to properly assess your situation.

Sign the form in the space provided below and return it with the rest of the package to the Disability Adjudication Unit.

Applicant's Signature: *(Please Check one box)*

☑ I choose to complete the Self Report Form *or*

☐ I choose not to complete the Self Report Form

Jon J. Rowland — Applicant's Signature

August 28 2013 — Date

Ontario Ministry of Community and Social Services Ontario Disability Support Program

General Consent to the Release of Medical and Related Information to the Disability Adjudication Unit

I*, Jon Rowland, am an applicant for income support under the Ontario Disability Support Program Act from the Ministry of Community and Social Services of the Province of Ontario. I hereby authorize the Disability Adjudication Unit to obtain any or all medical and related information relative to my application. I hereby authorize

Shana Mackenzie (Nurse Practitioner)
(name of health care professional)

Parkdale Community Health Centre, 1229 Queen St W, Toronto
(address)

to disclose to a representative of the Disability Adjudication Unit, upon request, all medical and related information resulting from your examination(s) of me and/or contained in your records, pertaining to me, regarding my past and present health as it relates to my present medical condition, my rehabilitation potential, and to permit representatives of the Disability Adjudication Unit, upon request, to inspect these records for the purpose of verifying my eligibility for the Ontario Disability Support Program.

If I appeal the decision of the Disability Adjudication Unit, all medical information provided to the Disability Adjudication Unit will be provided to the Social Benefit Tribunal, myself and/or my legal representative(s).

I fully understand the nature and purpose of this consent and give this consent, authorization and direction voluntarily. I understand that I may withdraw my consent at any time and that the withdrawal of my consent may affect the determination of my eligibility for income support.

Dated this 2nd of July, 2013

Jon J. Rowland
Applicant's Signature

Witness

*In situations where the applicant is unable to provide consent in writing, by reason of physical or mental disability, the consent of the person who is legally authorized to consent on the individual's behalf, such as a legal guardian or next of kin, or trustee where there is no legal guardian, will suffice.

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)

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Collect calls will be accepted.

TTY users in the Greater Toronto Area can call 416 326-3372.
TTY users in other area codes can call 1866 780-6050.

Please make a copy for your own records.



Shona MacKenzie

From: jon rowland [jonrowland7@yahoo.com]
Sent: July-05-13 11:55 AM
To: Shona MacKenzie
Subject: RE: A follow-up and a date....

Thanks, Shona. I read your form. It seems quite accurate to me. If I were to put it in a phrase it would be "chronic and acute (traumatic) stress disorder on a schizoid basis with at least one psychotic episode resulting in hospitalization."

Thanks - and see you August 28.

Jon

On Thu, 4 Jul, 2013 11:39 AM PDT Shona MacKenzie wrote:

>I received it and printed it off to be kept with the green forms till I
>see you.
>
>Shona
>
>
>
>From: jon rowland [mailto:jonrowland7@yahoo.com]
>Sent: July-04-13 12:54 PM
>To: Shona MacKenzie
>Subject: A follow-up and a date....
>
>
>
>Hi Shona. Here's the rough draft of my input for this ODSP review.
>Perhaps you can print this off to have a copy on hand.
>
>
>
>Regarding the content, I've already had the very "unpleasant"
>experience of an "inexperienced" so-called psychologist calling the
>cops on me for "suicidality" because - in the aftermath of my friend's
>suicide - I discussed these matters with the deceased's widow.
>Unstable herself, she called the Group Home - and their reaction was to
>enforce silence by sicking the cops on me. They were waiting for me on
>my porch on King Street, and wanted to take me to St. Joe's (aka "Joe's
>Garage" - for an "assessment" - it wasn't easy to get rid of them, even
>though it was pretty obvious that, with a week's groceries at my feet -
>I wasn't suicidal - unless I thought there wasn't any HAMBURG in HELL
>and I was STOCKING UP....
>
>
>
>So I'd appreciate it if only you had access to this material - or (at
>least) if it were indicated in the file that this is only to be dealt
>with by you and myself upon your return. Regarding which, I got an
>appointment for us on August 28 at 3:30. That's an important date for
>me, as the completed forms have to be in to Stealth and Despair by
>September 18 2013.

NAZI LEADER CONGRATULATES $CAMH DEAR LEADER CATHERINE ZAHN ON BEST TEDTALK EVER, FOR WHICH SHE WAS AWARDED THE CANADIAN IRON CROSS 1ST CLASS. "But which THREE? And which YOU?" Asks Hitler, politely but pointedly as fellow PRIZE WINNING PARTY MEMBER LISA BROWN gazes on. Media Goebbels DON TAPSCOTT is obviously DEEPLY moved! Defeat Denial $CAMH is a BRAIN DISEASE!

1. The form is being completed by: ☐ The applicant ☐ A family member ☐ Other

If the applicant is not completing the form, please tell us why?

Education and Special Assessments:

2. What was the highest level of education that you completed (e.g. grade 8, High School diploma, University degree, College diploma, technical trade, etc)?

Level? Ph. D At what age? 35 Year? 1991

3. Did you go to school in Canada? ☑ Yes ☐ No

If **no**, please specify which country? ______

4. Were you ever part of a special education program, or a special needs class in school? ☐ Yes ☑ No

If **yes**, where was the program or class? ☐ Canada ☐ Elsewhere

How old were you when you finished the program or class? ______

5. Have you ever had an educational or psychological assessment completed, or an individual education plan completed while in school, or elsewhere? ☐ Yes ☑ No ☐ Don't Know

If you answered **yes above, can you get a copy of the most recent report or plan and include it with this form?** ☐ Yes ☐ Not Available

6. Have you had a vocational assessment completed? ☐ Yes ☑ No ☐ Don't Know

If you answered **yes** above, can you get a copy of the most recent assessment **and include it with this form?** ☐ Yes ☐ Not Available

7. Was there a time when you missed a lot of school? ☑ Yes ☐ No

If **yes,** please tell us why?

MISSED A MONTH IN GRADE 12. BECAUSE OF EPISODE - INVOLVING SUICIDE ATTEMPT.

Work History:

8. Have you worked in the last five years? ☐ Yes ☑ No

   If **no**, go to question number 13.

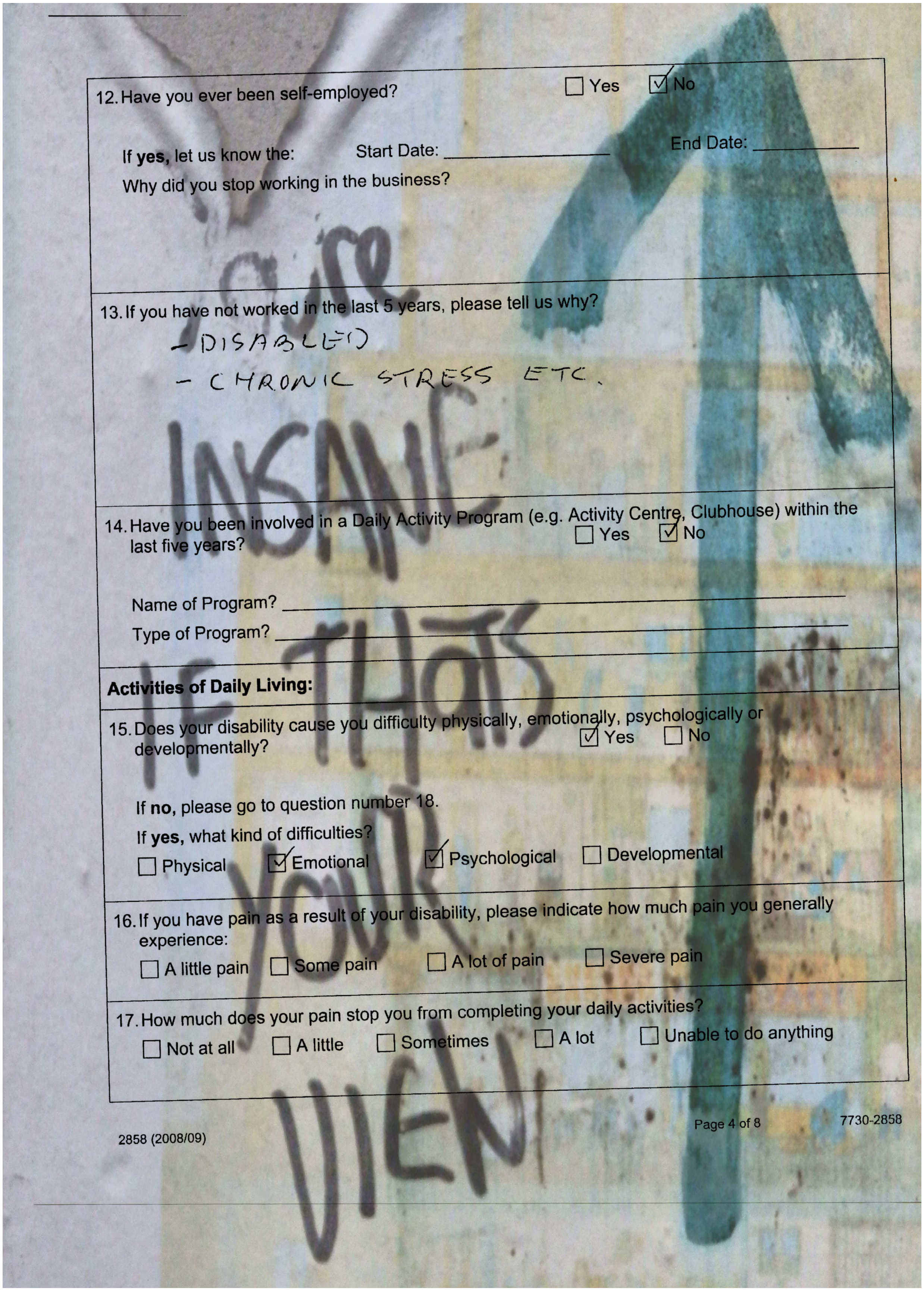
9. Has your most recent job been in a supportive environment with access to a support worker or job coach as needed? ☐ Yes ☑ No ☐ Don't Know

10. If you have worked in the last 5 years, please list the jobs you have had:

What Job did you do?	Were you paid? Volunteered? or in a Sheltered Workshop?	When? Month & Year	Full or Part Time?	In what City?	Why did you leave or stop working?

11. Did you need any special supports to do these jobs (e.g. Job aids, coaching, personal attendant care)? ☐ Yes ☐ No

    If **yes,** what support did you need?



12. Have you ever been self-employed? ☐ Yes ☑ No

If **yes,** let us know the: Start Date: ________________ End Date: ____________

Why did you stop working in the business?

13. If you have not worked in the last 5 years, please tell us why?

- DISABLED
- CHRONIC STRESS ETC.

14. Have you been involved in a Daily Activity Program (e.g. Activity Centre, Clubhouse) within the last five years? ☐ Yes ☑ No

Name of Program? ________________________________

Type of Program? ________________________________

Activities of Daily Living:

15. Does your disability cause you difficulty physically, emotionally, psychologically or developmentally? ☑ Yes ☐ No

If **no,** please go to question number 18.

If **yes,** what kind of difficulties?

☐ Physical ☑ Emotional ☑ Psychological ☐ Developmental

16. If you have pain as a result of your disability, please indicate how much pain you generally experience:

☐ A little pain ☐ Some pain ☐ A lot of pain ☐ Severe pain

17. How much does your pain stop you from completing your daily activities?

☐ Not at all ☐ A little ☐ Sometimes ☐ A lot ☐ Unable to do anything

Please tell us how your disability affects your ability to take care of your personal needs, to participate in the community, or to work. If you need more space, use page 8.

See attached pages



My condition has not changed much in the last 2 years, but it has not deteriorated much either and I have been relatively stable. I have not worked since August 27, 2007 when I became sick in an Emergency Shelter, and had to be relieved. I remain unable to work, with trauma-related stress disorders following the suicide of a friend and colleague, and other traumatic events at a group home and shelters where I worked, and a long-standing condition of instability, stress, withdrawal and depression – including an early (isolated) suicide attempt.

While counseling and meetings with my primary care provider have helped me to stabilize my life, I have great difficulty interacting with people, from routine activities like following and remembering simple conversation, to maintaining close relationships. I have no close relationships with anyone, and attempts at these have always ended badly.

I am easily frustrated, anxious, and impatient – and always somewhat tired and depressed. While I have difficulty concentrating and remembering things I've just read, things that reminds me of my past employment and experiences can literally make me sick. Even routine inter-action with officials in banks, social workers and medical personnel, is very difficult for me because it brings back my experiences in shelters when I myself was a support worker and – of course – the suicide of my friend and my own earlier suicide attempt.

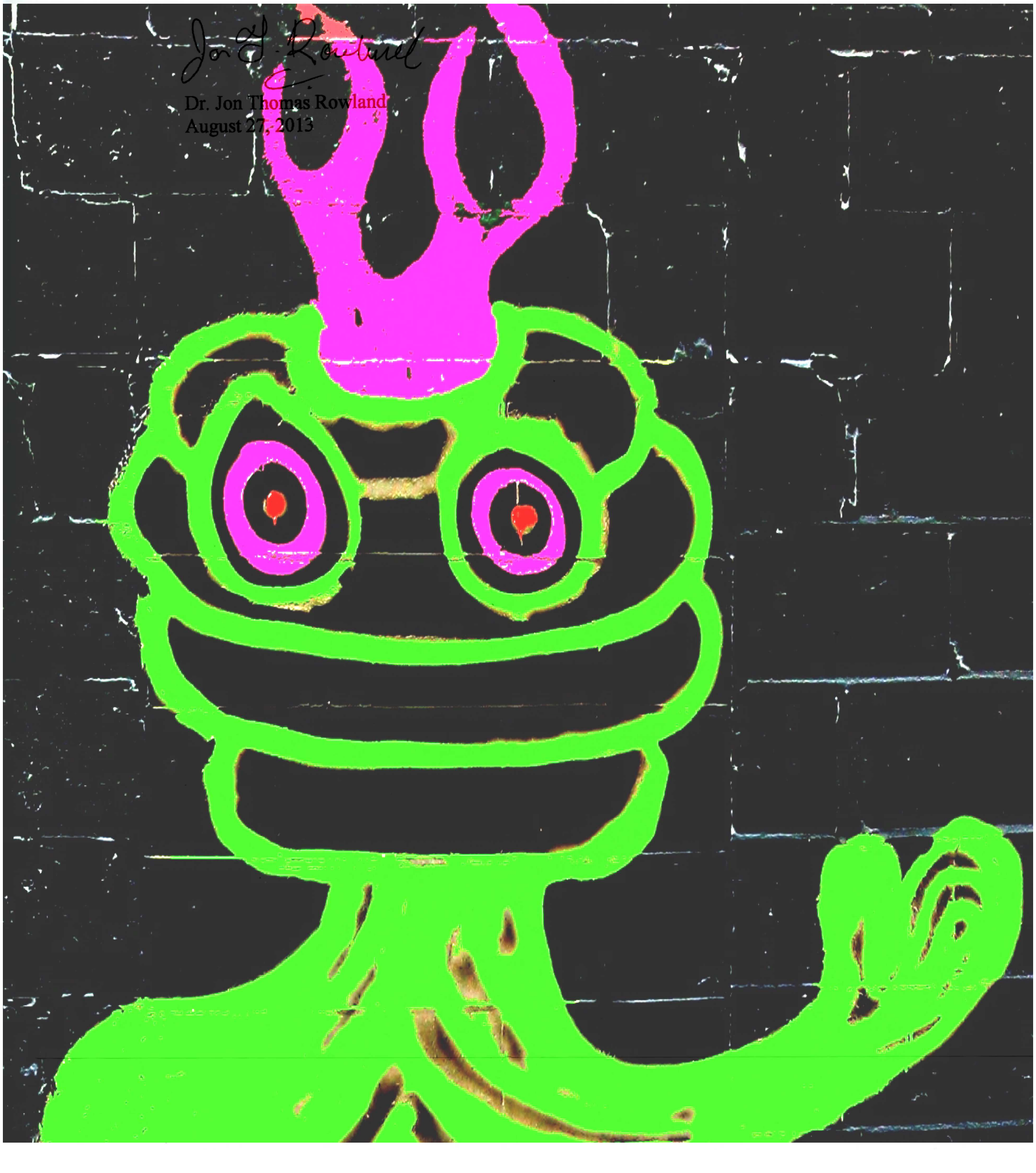
I still have difficulty sleeping or staying asleep because I dream about these experiences, and also about earlier unhappy experiences as a lecturer when I was harassed for my sexual orientation, and subsequent difficulties I had finding ANY sort of employment. Despite having a doctorate in English Literature from the University of Montreal, I have never had a steady job, let alone an appropriate one, because of these long-standing disorders.

While psychiatric counseling has been suggested, I have always been – I think understandably – anti-psychiatric, as a result of experiences following my suicide attempt as a young man, as a result of having known in shelters and group homes so many "mentally ill" and disturbed people whom psychiatry did NOT benefit, and as a result of my own self-education. I am willing to listen and consult with my primary care provider, however – and, as mentioned above, I have found this helpful and have at least managed to stabilize my life, really for the first time.

Besides these mental/psychological disorders, I know that I have physically declined somewhat in the last 2 years. I tire easily – because of reduced stamina, but also because I still have difficulty falling asleep and staying asleep – because of anxiety and dreams related to past employment and to details of my aborted career – including the violent death of my (best) friend and colleague – but also because of reduced stamina. I often have headaches, with slight dizziness and occasionally nausea – especially in the morning. These could be due to a number of factors, most obviously to stress, and my age would now be a contributing factor too.

I do my best to keep mentally active by reading and writing every day. I have to limit this activity however, because it can aggravate the condition I have. I try to go for a walk every day, and I manage most of my daily affairs myself – banking, shopping, cleaning, meetings with my principal care provider, etc. – by doing a little at a time.

Dr. Jon Thomas Rowland
August 27, 2013



Ontario Ministry of Community and Social Services

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Collect calls will be accepted.

TTY users in the Greater Toronto Area can call 416 326-3372.
TTY users in other area codes can call 1 866 780-6050.

If the applicant appeals the decision, this and all supplementary medical information provided will be released to the applicant, their legal representative(s) and the Social Benefits Tribunal.

For Ministry use only
Member I.D.

Member ID : 111121919

Jon Rowland
Applicant's Name

Date of Birth : **March 19, 1956** **Sex:** ____ Male ___ Female

Applicant's Address Street	Apartment Number
City	Postal Code

Health Status Report and Activities of Daily Living Index

Note: If the person is in receipt of a Canada Pension Plan (CPP) **Disability Pension**, this form does not need to be completed. CPP Disability Pension recipients should contact their local Ontario Disability Support Program (ODSP) office with the CPP disability information.

Instructions

The Health Status Report (HSR) is intended to gather information about the applicant's diagnosis(es), impairment(s) and restrictions that give rise to their application for Income Support under the *Ontario Disability Support Program Act, 1997*. The HSR includes an Intellectual and Emotional Wellness Scale and Activities of Daily Living Index. The Intellectual and Emotional Wellness Scale must be completed if the principal diagnosis(es) relates to mental health or intellectual development. (This scale is not required for diagnosis(es) that are of a physical nature only.) In addition, there is a section for those with visual and/or auditory impairments and should be completed where either of these conditions need to be considered.

Who may complete the form(s)

The **Health Status Report** may be completed by physicians, psychologists, psychological associates, ophthalmologists, optometrists and registered nurses in the extended class (RNEC), licensed to practice in the Province of Ontario. The **Activities of Daily Living Index** may be completed by physicians, psychologists, ophthalmologists, optometrists, occupational therapists, physiotherapists, psychological associates, audiologists, chiropractors, registered nurses in the extended class, registered nurses, speech language pathologists, and social workers, licensed to practice in the Province of Ontario. The Activities of Daily Living Index can be detached if it is being completed by a different approved professional than the one who completed the Health Status Report.

How to complete the form

Please answer all the questions as completely as possible in order to provide the adjudicator with comprehensive information. For applicants whose diagnosis(es) relates to mental health or intellectual development, complete the Intellectual and Emotional Wellness Scale in addition to the main portion of the Health Status Report.

Complete the section on the Activities of Daily Living Index for all applicants. *Complete the visual acuity and/or auditory sections for those with visual or hearing impairments, questions 9 and/or 10. Otherwise, these sections do not need to be completed.*

Supporting documents/insufficient information

Supporting documents for the principal diagnosis(es) *must* be attached to the completed Health Status Report. These could include copies of reports regarding laboratory findings, x-rays, pathological findings, specialist's reports, hospital records, discharge summaries and psychological reports. Cost of photocopying has been included in the fee. Please do not submit actual x-rays or pathology slides. Reports will not be returned. **Please make a copy of the report for your own records.**

If insufficient information is provided (e.g. questions answered with a lack of comprehensive detail, supporting documentation not included), the adjudicator may request further information and/or supporting documentation from you. This will result in unfortunate delays in processing your patient's application for ODSP Income Support. It is therefore requested that *all* relevant information/ documentation be included to expedite the adjudication, including the Consent Form. They should be completed as appropriate and a **copy retained for your record.**

The original Health Status Report and Activities of Daily Living Index form must be submitted. Photocopied forms will not be accepted.

Note: Under the legislation, the applicant has 90 days from the day they receive the adjudication package to return this completed report along with the Activities of Daily Living Index (ADL) form and the Consent to Release Medical Information form to the Disability Adjudication Unit. Please help the applicant to meet this deadline.

Please make a copy for your own records.

Health Status Report:

1. **Please provide factual objective information for all answers.**

Last Name		First Name	
ROWLAND		Jon	
Height 187cm	Weight 93kg	How long have you known this patient?	Indicate the number of visits in the last year by checking the most appropriate box. ☐ 0 – 5 ☐ 6 – 10 ☒ 11 – 20 ☐ Greater than 20

2. **Please complete the chart below, listing the current and ongoing medical, surgical and/or psychiatric condition(s) of the patient, and the impairment(s) resulting from those conditions. Do not list conditions that have been resolved or are not current or not ongoing within the last year.**

NOTE: **For each condition listed below, you must complete all the columns listed (A-F). This section must be completed or the application cannot be processed.**

Valid only when sticker removed

PEEL HERE

	(A) Condition(s)	(B) Impairment(s)
	Lung Cancer	Shortness of breath
1.	Anxiety & chronic low mood (with trauma history)	- difficulty concentrating - poor sleep - impatience - worrying constantly - feelings of frustration & hopelessness
2.		
3.		
4.		
5.		

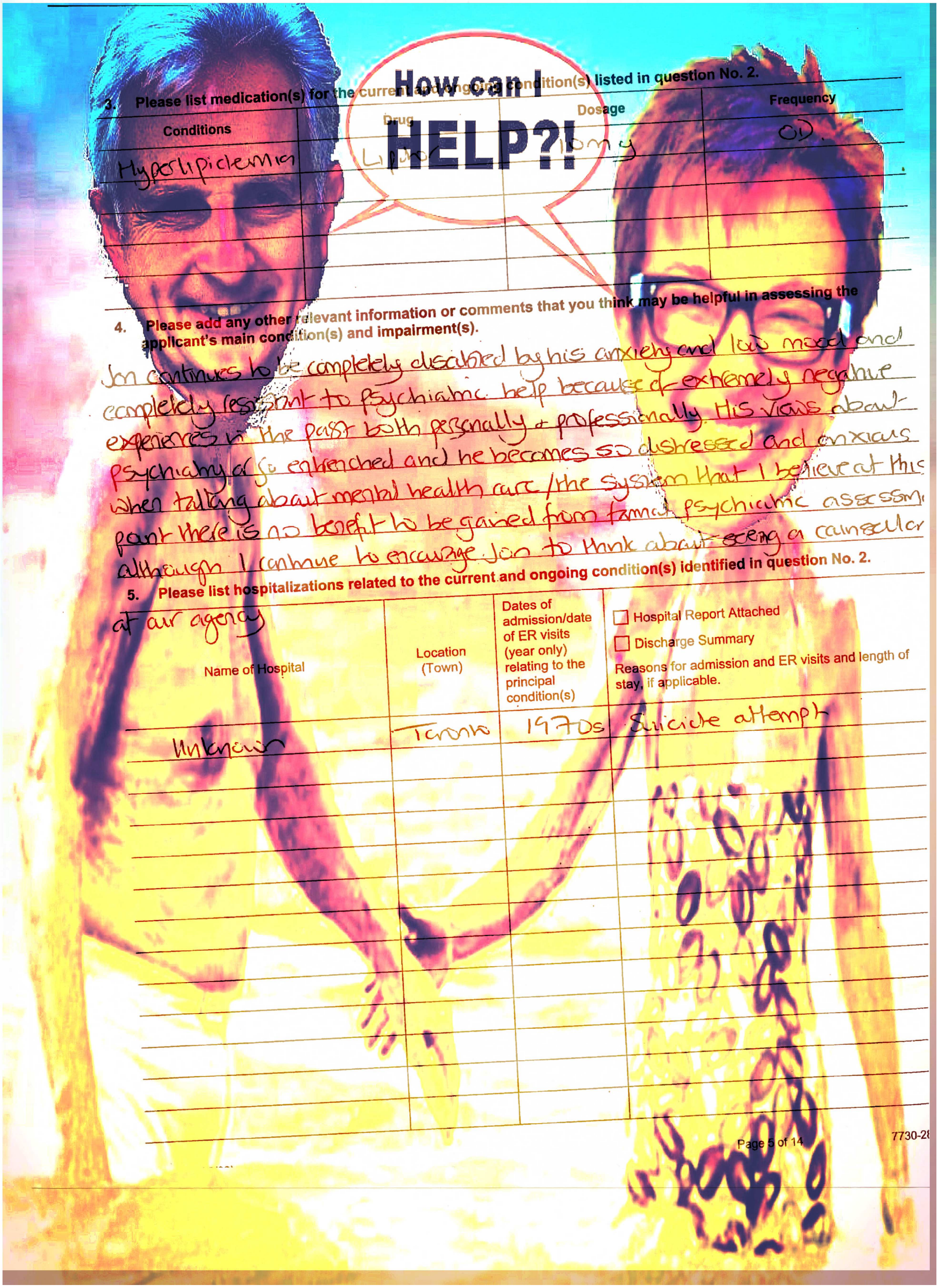
For your reference, the following definitions are provided:

(A) Condition – is the name of the disease or disease state or diagnosis or syndrome.

(B) Impairment – is the loss, loss of use or derangement of any body part or system or function. Function can be psychological or psychiatric in origin.

(C) Restriction – is the limitation to the activities of daily living arising directly or indirectly from the impairment.

(C) Restriction(s)	Duration (D)	Duration (E)	(F) Prognosis of Condition(s)
Cannot walk more than 3 blocks before having to stop.	Expected to last: ☐ less than 1 year or ☒ 1 year or more	and is ☐ recurrent/episodic or ☒ continuous	Is likely to: ☐ improve ☒ deteriorate ☐ remain same ☐ unknown
- difficulty with many ADLs on many days - difficulty with interactions with others.	Expected to last: ☐ less than 1 year or ☒ 1 year or more	and is ☐ recurrent/episodic or ☒ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☒ unknown
	Expected to last: ☐ less than 1 year or ☐ 1 year or more	and is ☐ recurrent/episodic or ☐ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☐ unknown
	Expected to last: ☐ less than 1 year or ☐ 1 year or more	and is ☐ recurrent/episodic or ☐ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☐ unknown
	Expected to last: ☐ less than 1 year or ☐ 1 year or more	and is ☐ recurrent/episodic or ☐ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☐ unknown
	Expected to last: ☐ less than 1 year or ☐ 1 year or more	and is ☐ recurrent/episodic or ☐ continuous	Is likely to: ☐ improve ☐ deteriorate ☐ remain same ☐ unknown



3. Please list medication(s) for the current and ongoing condition(s) listed in question No. 2.

Conditions	Drug	Dosage	Frequency
Hyperlipidemia	Lip[illegible]	10mg	OD.

4. Please add any other relevant information or comments that you think may be helpful in assessing the applicant's main condition(s) and impairment(s).

Jon continues to be completely disabled by his anxiety and low mood and
completely resistant to psychiatric help because of extremely negative
experiences in the past both personally & professionally. His views about
psychiatry are so entrenched and he becomes so distressed and anxious
when talking about mental health care / the system that I believe at this
point there is no benefit to be gained from formal psychiatric assessment
although I continue to encourage Jon to think about seeing a counsellor
at our agency

5. Please list hospitalizations related to the current and ongoing condition(s) identified in question No. 2.

Name of Hospital	Location (Town)	Dates of admission/date of ER visits (year only) relating to the principal condition(s)	☐ Hospital Report Attached ☐ Discharge Summary Reasons for admission and ER visits and length of stay, if applicable.
Unknown	Toronto	1970s	Suicide attempt

6. **If there are supporting documents for the condition(s) and impairment(s) listed in question No. 2, please indicate the reason and attach copies. Do *not* send actual x-rays, pathology slides, etc.**

- ☐ Laboratory Report(s)
- ☐ Pathology Report(s)
- ☐ Hospital Report(s)
- ☐ Psychological/Psychiatric Assessment
- ☐ Speech Language Pathologist's Report
- ☐ X-ray Report(s)
- ☐ Specialist's Report(s)
- ☐ Discharge Summary(ies)
- ☐ Audiologist's Report/ENT
- ☐ Ophthalmologist's/Optometrist's Report

Please note that the absence of supporting documents, especially consultant's notes, will delay adjudication.

7. **Please indicate, and comment on, the management plan(s) for the main condition(s) of impact. More than one treatment may be checked. Please specify dates (month and year is sufficient).**

Treatment	Past	Current	Proposed	Comments (specify for which condition)
Medical	☐	☐	☐	Dear Mom,
Surgical	☐	☐	☐	
Physical/ Rehabilitation ☐ Physiotherapy ☐ Occupational Therapy ☐ Massage ☐ Chiropractic	☐	☐	☐	
Chemotherapy	☐	☐	☐	
Radiation	☐	☐	☐	
Psychotherapy ☐ Physician ☒ Psychiatrist ☐ Psychologist ☐ Other	☒	☐	☐	Suicide attempt as teenager - was assessed at that time. Anxiety/low mood - I have offered psychiatric ~~assessment, he has declined.~~
Other (Please indicate) ☒ Counselling ☐ Support Group ☐ Vocational Rehabilitation ☒ Other	☐	☒	☒	Anxiety/low mood - I continue to meet with Jon regularly for supportive listening/counselling & have offered referrals for counselling/therapy but he is not interested at the idea & becomes anxious

Home - CAMH Foundat

www.supportcamh.ca

DONATE NOW

camh FOUNDATION

Sandi McLellan lost her son Kevin to suicide. She hopes to help others by sharing her story and supporting CAMH.

WHO WE ARE — Foundation Hospital Stories

OUR VISION — Care & Research Redevelopment Your Impact

GET INVOLVED — Give Connect Events

Transforming Mental Health Care

We help the best and brightest minds provide innovative patient care and conduct insightful research to better understand, treat and prevent mental illness and addiction. Based in

Redevelopment — A Life-Changing Address

CAMH is building a new kind of hospital – where being part of the community is part of the treatment. See for yourself how we're transforming lives. One in five Canadians will

What's New

CAMH, MaRS and TVO team up to present Innovations in Mental Health

On April 15, over 200 guests attended the 2nd event in the Innovations in Mental Health series at the MaRS Discovery District. One of the panelists, CAMH's Dr. George Foussias,

Twitter / Search - #c... Home - CAMH Fou... 1:21 PM



8. Intellectual and Emotional Wellness Scale

▷ ***It is not necessary to complete this area for persons whose conditions are solely of a physical nature.***
For each item indicate the most characteristic class for that item where Class 1 represents no symptoms or signs while Class 2 represents minimal symptoms or signs, Class 3 represents moderate symptoms or signs and Class 4 represents severe symptoms or signs. **Check one choice only.**

Psychologist's/Psychiatrist's report attached

☐ **Yes** ☒ **No**

Mark "X" for most appropriate description(s)

	No assistance from another person is required to complete the activities specified		Assistance from another person is required in order to complete the activities specified	
	Class 1	**Class 2**	**Class 3**	**Class 4**
	• No Symptoms or signs	• Some safety concerns • Minimal symptoms or signs	• Safety concerns • Moderate symptoms or signs	• Unsafe • Severe symptoms or signs
A. Bodily functions (eating, eliminating, sleeping)	☐	☒	☐	☐
B. Consciousness (attentional focus, levels of consciousness)	☐	☒	☐	☐
C. Emotion (affect, mood, anxiety and other emotions, associated psychological disturbances, panic phobia)	☐	☐	☒	☐
D. Impulse control (difficulty with behavioural control)	☐	☐	☒	☐
E. Lack of insight (grandiosity, excessively negative self evaluation, difficulty in understanding one's own mental health problems)	☒	☐	☐	☐
F. Intellectual function (cognitive disturbance, planning, organizing, sequencing and abstracting difficulties)	☒	☐	☐	☐
G. Judgement (difficulties anticipating impact of one's behaviour on self and others)	☐	☒	☐	☐
H. Learning (language processing, mathematics, attention difficulties)	☐	☒	☒ error	☐
I. Memory (amnesia, hypervivid flashback, dissociation)	☐	☒	☐	☐
J. Motivation (depressive avolitional problems)	☐	☒	☐	☐
K. Motor behaviour (conversion, motor coordination deficit, agitation, retardation and compulsions)	☒	☐	☐	☐
L. Perception (visual processing, hallucination, illusion, dissociation, sensory distortions, pain amplification)	☐	☒	☐	☐
M. Thinking (delusions, obsessions, flight of ideas, blocking)	☐	☒	☐	☐

Activities of Daily Living Index:

Classification for Activities of Daily Living Index:

Applicant's Name *(please print)*		
Jon Rowland		
Date of Birth		
Day	Month	Year
1 9	0 3	5 6

The Activities of Daily Living Index may be completed by the following persons who are registered with their respective college: physicians, psychologists, psychological associates, ophthalmologist, optometrists, registered nurses in the extended class, registered nurses, occupational therapists, physiotherapists, audiologists, speech language pathologists, chiropractors, and social workers.

If the approved professional completing the Activities of Daily Living Index is someone other than the person completing the Health Status Report, please list the current and ongoing medical, surgical and/or psychiatric conditions for which the Activities of Daily Living Index is being completed.

These questions *must* be completed for all clients.

These questions seek to describe the impact of the impairment on the applicant's ability to attend to his or her personal care, function in the community and function in a workplace. It seeks to understand the restrictions in the activity specified. Please use the scaling below:

Class 1	Class 2	Class 3	Class 4
Within normal limits. **Or** Not applicable. **Note:** Does not prevent the performance of any activity.	Mild or slight limitations. **Note:** May result in slightly longer time requirements to complete the task or mild exacerbation of pain. **Or** Accommodation may be required to complete the task.	Medium or moderate limitations. **Or** Requires considerably longer time to complete the task and may on some occasions be unable to complete the task with or without accommodations and with or without moderate pain.	Severe or complete limitations on most occasions to completion of the task.

Mark an "X" through choice

#	Activity	1	2	3	4
1.	Orientation to time, person and place	X	2	3	4
2.	Recognizes within normal limits common dangers in the home, workplace or community	1	X	3	4
3.	Ability to comprehend, express or communicate orally	1	X	3	4
4.	Use the telephone	X	2	3	4
5.	Exhibits normal limits of functioning with respect to intelligence	X	2	3	4
6.	Exhibits normal limits of functioning with respect to impulse control and behaviour	1	2	X	4
7.	Responds within normal limits to situations requiring memory (e.g. remember where he/she lives, names of family and friends, etc.)	X	2	3	4
8.	Attention span is sustainable and appropriate to task	1	X	3	4
9.	Physical strength commensurate with person's age and sex	X	2	3	4
10.	Ability to participate physically in sustained activity	X	2	3	4
11.	Walks three blocks or more on level ground without need to rest	X	2	3	4
12.	Climbs up or down one flight of stairs (six steps)	X	2	3	4
13.	Able to use means of public transport if available	1	X	3	4
14.	Wash all parts of the body, able to maintain personal hygiene and grooming	1	X	3	4
15.	Select clothes for weather and situations	X	2	3	4
16.	Bowel and bladder control	X	2	3	4
17.	Can take medication(s) as directed and handle/store medication(s) safely	X	2	3	4
18.	Is able to utilize commercial services (banks, hydro, phone company, etc.)	1	X	3	4
19.	Financially responsible for his/her own affairs (e.g. applicant can function independently)	1	2	X	4
20.	Able to feed oneself	X	2	3	4
21.	Do housekeeping (cleaning, laundry, meal preparation, shopping for essentials such as groceries, clothes, etc.)	X	2	3	4
22.	Able to stand	1	2	X	4
23.	Able to sit for a sustained period	X	2	3	4
24.	Able to transfer to and from chair, toilet, wheelchair, etc.	X	2	3	4

Black Lives Matter $CAMH

THERE IS JUST NO MONEY

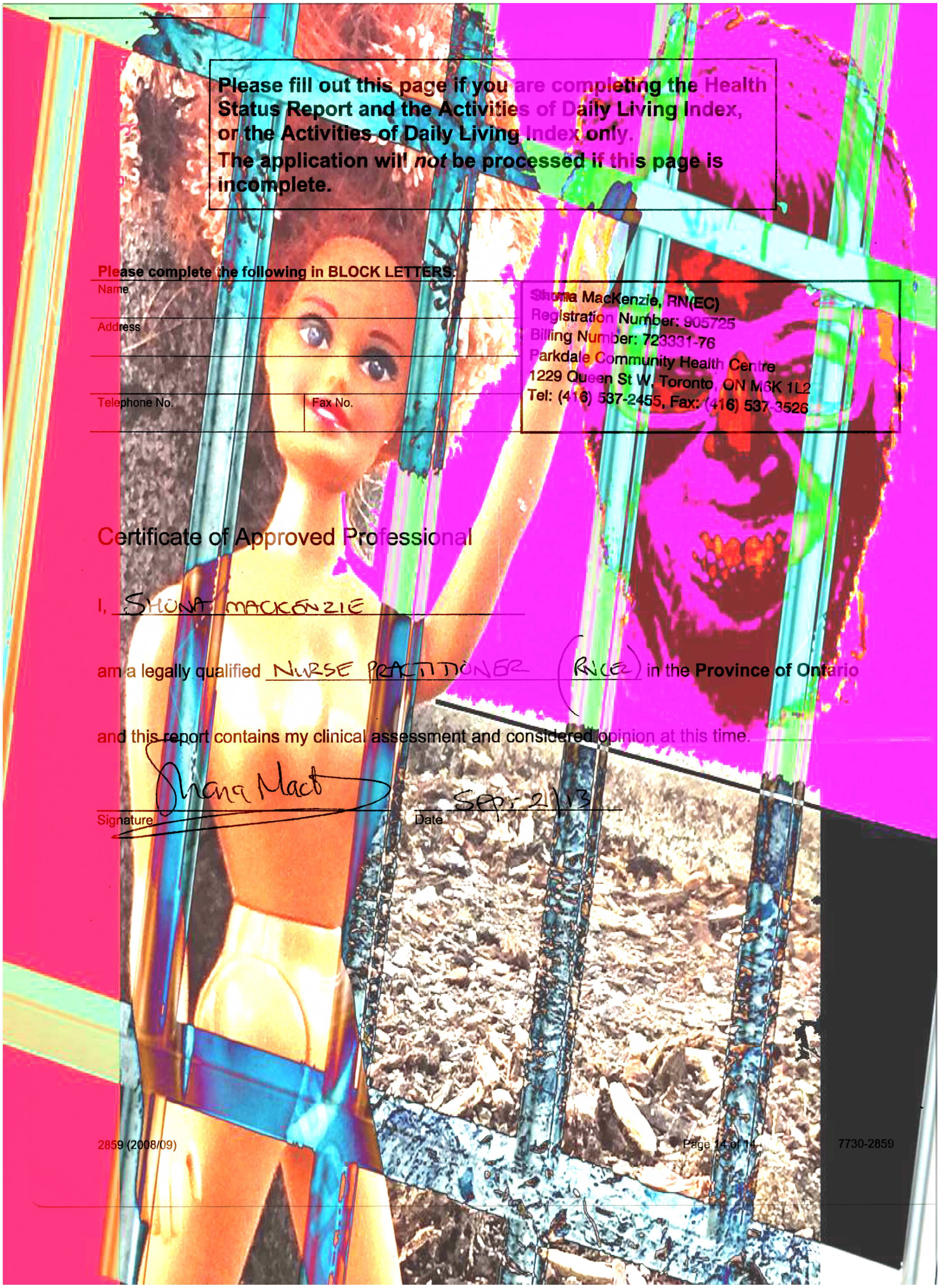
IN CRAZY OLD WHITE MEN

Please provide any additional limitations you believe to be relevant or additional comments you would like to make. A space is provided below.

Jon's condition was fairly stable after he obtained ODSP (although when he was initially deemed not disabled he reports what seems to me have been a significant decompensation - increased anxiety, restlessness, impatience, difficulty concentrating). He has however become more anxious and angry since he received this package, becoming hypersensitive to comments and criticisms and very fearful of what will happen to him if he loses the financial support of ODSP. He has increased the frequency of his visits to me during this time. Jon spends a lot of time writing and distributing pieces that demonstrate his views about psychiatry, sometimes showing poor impulse control. He struggles with all kinds of relationships even those required to manage basic ADLs. He has a very [illegible] short attention span and puts off tasks that need to be done. He sleeps poorly and is troubled by dreams and thoughts of traumatic experiences from his past and even his present (he was recently assaulted). Jon is constantly tired which means his stamina is less than would be expected of a man his age. His fatigue also affects his concentration. He functions by dealing with one ADL at a time, and spreading tasks out over the week. I feel that if he were made to work he would not cope and become very quickly overwhelmed. He is unlikely to be able to work in any meaningful way for the foreseeable future.

$camh

Please attach copies of any relevant documentation/reports (e.g. Functional Assessment, Community Assessment).



Please fill out this page if you are completing the Health Status Report and the Activities of Daily Living Index, or the Activities of Daily Living Index only.

The application will *not* be processed if this page is incomplete.

Please complete the following in BLOCK LETTERS.

Name

Address

Telephone No. | Fax No.

Shona MacKenzie, RN(EC)
Registration Number: 905725
Billing Number: 723331-76
Parkdale Community Health Centre
1229 Queen St W, Toronto, ON M6K 1L2
Tel: (416) 537-2455, Fax: (416) 537-3526

Certificate of Approved Professional

I, SHONA MACKENZIE

am a legally qualified NURSE PRACTITIONER (RN(EC)) in the **Province of Ontario**

and this report contains my clinical assessment and considered opinion at this time.

Signature [signature] Date Sept 2/13

Shona MacKenzie

From: Shona MacKenzie **Sent:** Mon 09/09/2013 3:35 PM
To: jon rowland
Cc:
Subject: RE: Forgot something!
Attachments:

I am not sure which day they were mailed, but it was last week - I photocopied them and put the original in the envelope myself.
Shona

From: jon rowland [mailto:jonrowland7@yahoo.com]
Sent: Mon 09/09/2013 12:54 PM
To: Shona MacKenzie
Subject: RE: Forgot something!

Hi Shona. I hope those forms went off Tuesday or Wednesday last week. If there was some glitch and we needed more time (ie. couldn't make the September 18 deadline) I'd have to contact them and ask for an extension.
I know I'm stressing this - but I don't want to give them an excuse to summarily cut me off - by inadvertently missing a deadline - which it seems they would do. I have no backup.

So please forgive me for doing a lot of double-checking - and if everything is going OK I'll just see you Friday morning for blood work - as scheduled.

Jon

On Fri, Aug 30, 2013 7:38 AM PDT Shona MacKenzie wrote:

>I have added that comment, am working on your application right now.
>Shona
>
>______________________________
>
>From: jon rowland [mailto:jonrowland7@yahoo.com]
>Sent: Thu 29/08/2013 6:02 PM
>To: Shona MacKenzie
>Subject: Forgot something!
>
>
>Shona, I forgot to write on the red forms "please 2 see attached pages" - in the appropriate box. I'm afraid that they might see only the empty box and miss what I've written and simply not read it - which maybe says more about my anxieties than about them. Would you mind filling that in for me, when you finalize the forms? Thanks - sorry for stressing details like this (but I am) - and see you September 13 at 9:30 for the blood work.
>
>Jon

Ontario — Ministry of Community and Social Services — Ontario Disability Support Program

General Consent to the Release of Medical and Related Information to the Disability Adjudication Unit

I*, Jon Rowland, am an applicant for income support under the Ontario Disability Support Program Act from the Ministry of Community and Social Services of the Province of Ontario. I hereby authorize the Disability Adjudication Unit to obtain any or all medical and related information relative to my application. I hereby authorize

Shona Mackenzie NP
(name of health care professional)

1229 Queen St W Toronto, M6K 1L2
(address)

to disclose to a representative of the Disability Adjudication Unit, upon request, all medical and related information resulting from your examination(s) of me and/or contained in your records, pertaining to me, regarding my past and present health as it relates to my present medical condition, my rehabilitation potential, and to permit representatives of the Disability Adjudication Unit, upon request, to inspect these records for the purpose of verifying my eligibility for the Ontario Disability Support Program.

If I appeal the decision of the Disability Adjudication Unit, all medical information provided to the Disability Adjudication Unit will be provided to the Social Benefit Tribunal, myself and/or my legal representative(s).

I fully understand the nature and purpose of this consent and give this consent, authorization and direction voluntarily. I understand that I may withdraw my consent at any time and that the withdrawal of my consent may affect the determination of my eligibility for income support.

Dated this 28th of August, 2013

X Jon T. Rowland
Applicant's Signature

Witness

*In situations where the applicant is unable to provide consent in writing, by reason of physical or mental disability, the consent of the person who is legally authorized to consent on the individual's behalf, such as a legal guardian or next of kin, or trustee where there is no legal guardian, will suffice.

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Disability Support Program Act*, 1997, sections 5 & 10, for the purpose of administering the Ontario Disability Support Program. For more information about the collection of personal information, contact the Client Service Advisor at the Ministry's Disability Adjudication Unit at 416 326-0417 (Greater Toronto Area) or toll free at 1 888 256-6758 (outside the Greater Toronto Area) or by writing to the Ontario Disability Support Program, Disability Adjudication Unit, Box B18, Toronto ON M7A 1R3.

Collect calls will be accepted.

TTY users in the Greater Toronto Area can call 416 326-3372.
TTY users in other area codes can call 1866 780-6050.

Please make a copy for your own records.

Parkdale
Community
Health Centre

Main Office
1229 Queen Street West
Toronto, ON M6K 1L2
Tel: 416.537.2455
Fax (Admin) 416.537.5133
Fax (Clinical) 416.537.3526

Dec 18, 2013

Dr. Dennis Kussin
Clinical
1229 Queen Street West
Toronto, ON
M6K 1L2
Fax: 416 537-3526
Office Phone: 416 537-2455

Re: Rowland, Jon thomas
DOB: March 19, 1956
14 - 1501 Queen St. West
Toronto, ON
M6R1A3, Canada
ON OHIP Number:7426746926 - NH
Home Phone: (416)824-7831
Mobile Phone: ()-

Dear Dr. Kussin,

Referral Problem:
57 year old man who has been on ODSP for last 2 and half years, was recently reviewed and found to not be disabled, he is requesting internal review. He is very anti psychiatry and when we did initial ODSP we went with just what I could glean from his history, he was initially turned down and became extremely distressed and somehow (likely based on this) they re evaluated the decision and granted him.
He has a doctorate and is a writer, most of his writing is a critique of the mental health system in particular CAMH.
He used to work in a shelter and experienced some very traumatic events there. He also had a close friend die (suicide) and how he found out was that he was called in to work to take the shift of the friend who died. This seem to have been the final straw for him.
He and I have discussed the fact that it would be useful to have an assessment by you to get your opinion on whether he should stay on ODSP. He is willing to be assessed, I have booked him for the new year

Please see attached medical history.

Sincerely

Shona MacKenzie, NP
Billing # 723331-76, CNO# 9205725

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday January 22, 2014**

Reason for Visit:

Code	- Description	Status Comments
236	- Visit for Therapeutic Counselling / Listening	Acute
10037	- Visit for Advice on Community Resources	Acute
9050	- Problem with Social Assistance	Acute
5122	- Anxiety	Acute
10012	- Complex Post-Traumatic Stress Disorder	Acute

Subjective/Objective

Met Jon for another counselling and case mgmt. session
Discussed his ODSP appeals process and my support letter
He gave me some documents from previous applications that he said could help me write the letter
We also placed a call to his PCLS worker, Livia: (416) 531-2411 x234 and I left a msg saying I was working with Jon, and to contact me for any further supporting documentation, that I would submit a letter of support as well in my role as his counsellor/therapist
Also got the voluminous books he had written from Shona to help with my letter
We then chatted for a long time and he told me some of his history, abusive childhood, trauma, highly dysfunctional family etc. and the homophobia he faced as a young adult, constantly dealing with anxiety attacks and dysfunction
He also told me about a major trigger which occurred in 2004 when he was working at a shelter and a friend committed suicide that had him spiral downwards, esp from 2007 onwards
Counselled him around coping strategies and groundedness
Also told him that this ODSP process was likely to be a major stress and that a good strategy for mental health was to work on it unrelated to the outcome of the ODSP appeal
He was in agreement and he spoke about how he planned to manage on OW regardless of whether he got ODSP or not
He said he had a small bachelor for little over 600, and that with OW he would get just enough to pay rent
We also spoke about Special Diet that he was getting and the Travel Allowance that I said I would help him try and get which could get him an extra 200 and he seemed much calmer about it
I encouraged this attitude saying that preparing for it ensured he had a semblance of control over his life and was not dependent on things he couldn't control, and he agreed
I also informed him about the work policy with OW and ODSP that he could work for up to $200 without any cuts to his assistance and cuts of 50 cents for every dollar earned after that first 200 and he seemed to like that idea since he felt that while it was impossible for him to hold a 20-40 hour/week job in his current condition, he could maybe work a day a week
I also enquired about using his books in my letter as it clearly indicated trauma and suffering, and he agreed to it
We then chatted for some more time and set up our next appointment for 1/31

Clinical Notes

Services and Languages Provided **Updated By:(Sriram Ananth**

Services and Languages Provided

English: Yes

Allied Health Codes

Basic Support; Complementary interventions; Health Advice/Instructions; Information provision about community resources; Recommendation/Assistance; Advocacy;

Consultation/Referral Codes

Case management/Coordination;

Counseling

Mental health care; Counseling;

Assessments	Status	Comments	Updated By
10012-Complex Post-Traumatic Stress Disorder	Acute		Sriram, Ananth 22-1-2014
5122-Anxiety	Acute		Sriram, Ananth 22-1-2014

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday January 29, 2014**

Reason for Visit:

Code - Description	Status Comments	
164 - Request for Administrative Procedure / Form		X

Subjective/Objective

Hi Shona

I thought I should give you a bit of an update. I've seen Sri twice and given him a lot of information and background. I think it's going well with him. He's said some insightful things – and he's obviously very textual, so my writing – my book - becomes a resource for him. It does look like he will be a good resource for me – if that isn't putting it too crudely. He said he would write me a letter, show me a copy of it on Friday (January 31), and leave it on file because he'll be going away for a month. Even if I don't need this letter right away, it would be very reassuring to know that it's done and there for when I do need it – also, it's probably a good idea for him to write it down while it's still fresh on his mind, and I won't be seeing him for a month after Friday.

I've attached three documents, which I hope when you get a moment you can copy and give to Dr. Kussins (I don't have a printer right now, and the nearest internet cafe for me is on Bloor). These documents are my input for the first application, for the review, and some new material that I've been thinking about. I'm concerned that Dr. Kussins will have to cover a lot of ground in 45 minutes. Maybe this will help. It should!

I feel I'm making some headway in all this, thought otherwise I feel about the same – though fortunately not quite the very acute panic I was feeling when I met you on December 21. I'm having trouble getting to sleep at night (anxiety – my mind races) and at other times feel depressed (especially in the mornings). I'm also having stomach problems – indigestion, often slightly nauseous. That "zantac" you prescribed helps a little, but not very much. Much as I don't like to say so, it could be that I need something for anxiety (and sleep?) – which I supposed is Kussins' domain.

OK, Shona. If you would get copies of the attached to Dr. Kussins, I'd appreciate it. You can also call me anytime, especially as I now have an unlimited plan for that sort of purpose. I imagine you'll have some news regarding the bloodwork (yes, I've been taking the Rosuvastatin (c)!).

Jon

P.S. I've been to PCLS. A law student named Livia Berius is handling the legal stuff for now (she faxed the appeal forms). Her number is 416-531-2411 ext 234. Of course, you can talk to her any time. I spoke with her briefly last Friday and she said that right now all we can do is wait. We should still hear something regarding the internal review, but dates for appeals are now into May. I've been wondering how expedient it would be just to start a new application, since it should be a lot stronger this time. Something to run by Livia a little later – you can ask her anything too.

Clinical Notes

Services and Languages Provided **Updated By:(**

Assessments	Status	Comments	Updated By
164-Request for Administrative Procedure / Form			Shona, MacKenzie 29-1-2014

Plan Notes

Attachments sent copied for Dr Kussin

Signed Off On: Jan 29, 2014 1:01 PM
Signed Off By:
Provider: MacKenzie, Shona

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Thursday January 30, 2014**

Reason for Visit:

Code - Description	Status Comments	
9050 - Problem with Social Assistance	Acute	X
10037 - Visit for Advice on Community Resources	Acute	X

Subjective/Objective

Drafted letter for Jon re: ODSP support at tribunal hearing to be discussed with him the following day

To whom it may concern at ODSP Jan 30, 2014

Subject: Jon Rowland (DOB: March 19th, 1956)

My name is Sriram Ananth, and I'm Jon's counsellor/therapist at Parkdale Community Health Centre. I have been meeting Jon for counseling and therapy for the past month or so. This letter is to explain some of the details regarding her ongoing application for ODSP with the tribunal. This report outlines medical conditions, impairments and restrictions as they existed on Dec 6, 2013. I expect Jon's conditions to last for one year or longer. Jon has been seen regularly by one of our Nurse Practitioners, Shona Mackenzie.

Jon has severe anxiety and complex PTSD. Since working with him, I have noticed the marginalization he has faced, including homelessness, abuse, poverty etc. that have taken a great toll on his mental health. This has resulted in him having to cope with the stresses in a variety of ways, as a way of shielding himself from the stress of his mental health issues. An example of this is his numerous written works, including a 900-page book on the trauma he has faced, some of his awful experiences with the psychiatric system, his anxieties and the difficulties he faces with activities of daily living. His mental health issues can be witnessed in the stream-of-consciousness narration of the book. To put it simply, it is a book that could have only been written by someone who is deeply distressed and coping with some severe anxiety and PTSD issues. When we have worked together, some of the counseling we have explored has included motivational therapy, strategies for fostering healthier coping mechanisms, and life skills around stabilization. His mental health issues have made it exceedingly difficult for him to find and maintain work. He has difficulty focusing and completing tasks, poor concentration, bad memory, difficulty interacting with co-workers, and an inability to function in group settings. In addition he finds it difficult to socialize and form/maintain good relationships because he is extremely withdrawn.

To that end, I believe he would really benefit from ODSP support as it would give him a chance to getting healthier, stabilize personally, engage in more intensive counselling/therapy that will focus on healthier coping mechanisms, and ultimately live a productive life. Please feel free to contact me with any questions

Clinical Notes



Services and Languages Provided **Updated By:(Sriram Ananth**

Services and Languages Provided

English: Yes

Allied Health Codes

Basic Support; Complementary interventions; Information provision about community resources; Recommendation/Assistance; Advocacy;

Consultation/Referral Codes

Case management/Coordination;

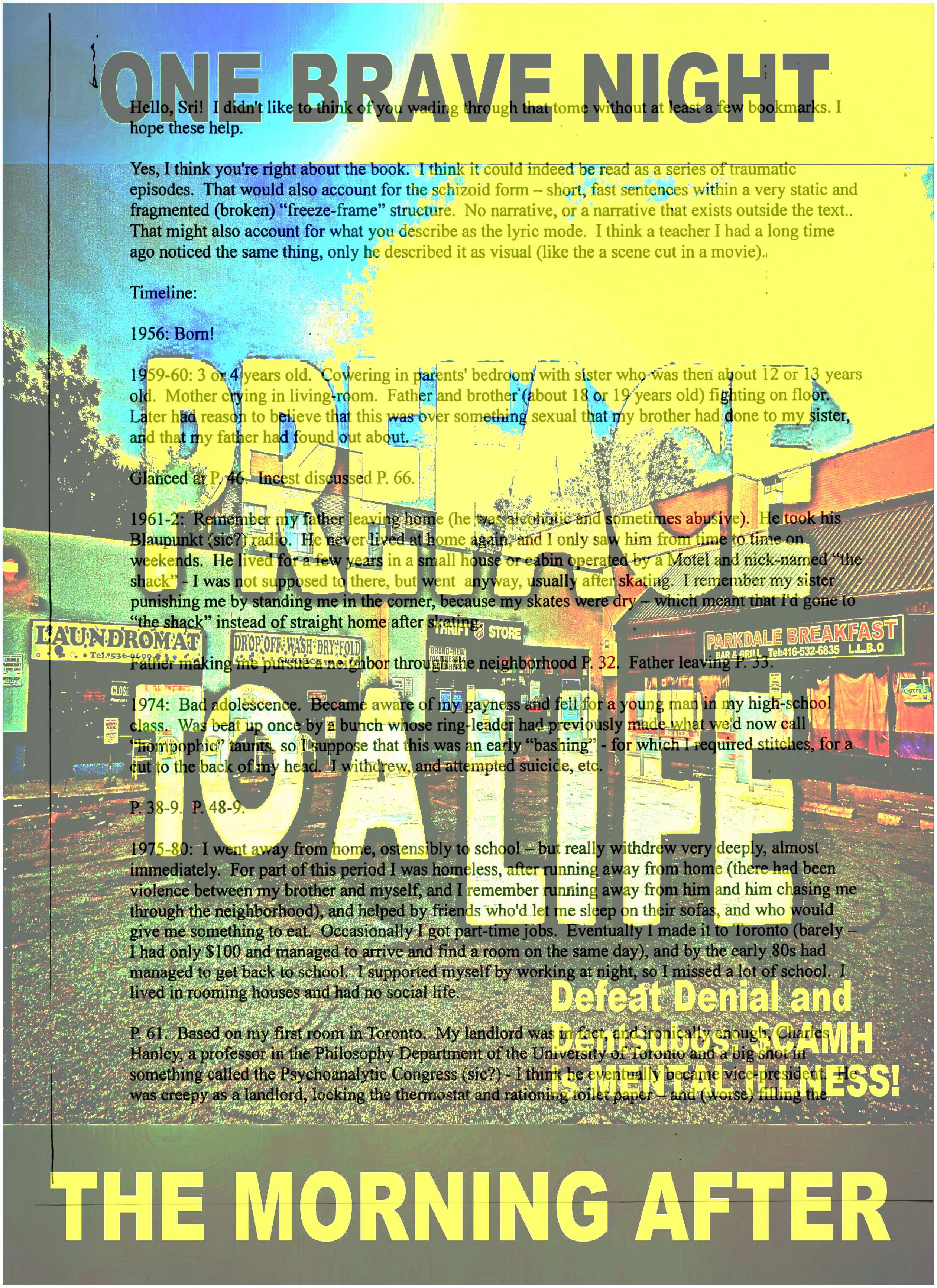
Assessments	Status	Comments	Updated By
10037-Visit for Advice on Community Resources	Acute		Sriram, Ananth 30-1-2014
9050-Problem with Social Assistance	Acute		Sriram, Ananth 30-1-2014

Signed Off On: Jan 30, 2014 3:13 PM
Signed Off By:
Provider: Ananth, Sriram





Jon has severe anxiety and complex PTSD. Since working with him, I have noticed the marginalization he has faced, including homelessness, abuse, poverty etc. that have taken a great toll on his mental health. This has resulted in him having to cope with the stresses in a variety of ways, as a way of shielding himself from the stress of his mental health issues. An example of this is his numerous written works, including a 900-page book on the trauma he has faced, some of his awful experiences with the psychiatric system, his anxieties and the difficulties he faces with activities of daily living. His mental health issues can be witnessed in the stream-of-consciousness narration of the book. To put it simply, it is a book that could have only been written by someone who is deeply distressed and coping with some severe anxiety and PTSD issues. When we have worked together, some of the counseling we have explored has included motivational therapy, strategies for fostering healthier coping mechanisms, and life skills around stabilization. His mental health issues have made it exceedingly difficult for him to find and maintain work. He has difficulty focusing and completing tasks, poor concentration, bad memory, difficulty interacting with co-workers, and an inability to function in group settings. In addition he finds it difficult to socialize and form/maintain good relationships because he is extremely withdrawn.



Hello, Sri! I didn't like to think of you wading through that tome without at least a few bookmarks. I hope these help.

Yes, I think you're right about the book. I think it could indeed be read as a series of traumatic episodes. That would also account for the schizoid form – short, fast sentences within a very static and fragmented (broken) "freeze-frame" structure. No narrative, or a narrative that exists outside the text.. That might also account for what you describe as the lyric mode. I think a teacher I had a long time ago noticed the same thing, only he described it as visual (like the a scene cut in a movie).

Timeline:

1956: Born!

1959-60: 3 or 4 years old. Cowering in parents' bedroom with sister who was then about 12 or 13 years old. Mother crying in living-room. Father and brother (about 18 or 19 years old) fighting on floor. Later had reason to believe that this was over something sexual that my brother had done to my sister, and that my father had found out about.

Glanced at P. 46. Incest discussed P. 66.

1961-2: Remember my father leaving home (he was alcoholic and sometimes abusive). He took his Blaupunkt (sic?) radio. He never lived at home again, and I only saw him from time to time on weekends. He lived for a few years in a small house or cabin operated by a Motel and nick-named "the shack" - I was not supposed to there, but went anyway, usually after skating. I remember my sister punishing me by standing me in the corner, because my skates were dry – which meant that I'd gone to "the shack" instead of straight home after skating.

Father making me pursue a neighbor through the neighborhood P. 32. Father leaving P. 33.

1974: Bad adolescence. Became aware of my gayness and fell for a young man in my high-school class. Was beat up once by a bunch whose ring-leader had previously made what we'd now call "hompophic" taunts, so I suppose that this was an early "bashing" - for which I required stitches, for a cut to the back of my head. I withdrew, and attempted suicide, etc.

P. 38-9. P. 48-9.

1975-80: I went away from home, ostensibly to school – but really withdrew very deeply, almost immediately. For part of this period I was homeless, after running away from home (there had been violence between my brother and myself, and I remember running away from him and him chasing me through the neighborhood), and helped by friends who'd let me sleep on their sofas, and who would give me something to eat. Occasionally I got part-time jobs. Eventually I made it to Toronto (barely – I had only $100 and managed to arrive and find a room on the same day), and by the early 80s had managed to get back to school. I supported myself by working at night, so I missed a lot of school. I lived in rooming houses and had no social life.

P. 61. Based on my first room in Toronto. My landlord was in fact, and ironically enough, Charles Hanley, a professor in the Philosophy Department of the University of Toronto and a big shot in something called the Psychoanalytic Congress (sic?) - I think he eventually became vice-president. He was creepy as a landlord, locking the thermostat and rationing toilet paper – and (worse) filling the

house when he couldn't find "other" tenants with his clients.

1985: I finally managed to complete my Master's Degree at the U of Toronto – interrupted by periods of unemployment and part-time work.

1986- 95: I saved enough money to enter the Ph.D. Program at the University of Montreal. I visited my sister at her home in Toronto that Christmas. This is when she complained to my mother about incest. I haven't met any member of my family since (and, from some other things my sister said, concluded that this is what my brother and my father had been fighting over many years ago – though I'd had inklings of this before). I returned to Montreal and for the next 5 years, after minimal course-work, mainly worked on my thesis. I met occasionally with my Thesis Director, but toward the end of this period there was a lot of tension between us. While he'd taught at the University for 25 years, I was his first doctoral candidate. I found him very dilatory, and inexperienced. I still think he was a bad mentor, but I recognize that I was already withdrawn and probably required a lot of mentoring. I might have stayed in Montreal to lecture at McGill, but my Thesis Director gave the Chairman of their English Department the impression that I already had a job. I wound up lecturing at the University of Lethbridge instead. This was very hard on me, very isolating – and this is where I was working when a member of my department in Montreal wrote my Chair in Lethbridge that I was gay, that I had AIDS, that I would contaminate the department, etc. I took this very hard and complained about all this to my Thesis Director in Montreal (who was then acting chairman), but I thought he mainly abetted the attacker. This and other reactions led me to believe that my Thesis Director was a homophobe, and that I couldn't work with him. I subsequently found part-time work at the University of Toronto, but was never able to get more than this, no doubt handicapped by not being able to use my Thesis Director as a reference. I also went through a very messy "grievance process" with the University of Toronto, when my application for tenure was overlooked for candidates with less experience and publication credits.

Incest P. 112. "AIDS letter" episode P. 199. Some of my own "interventions" satirized 200. Walter Benjamin's suicide P. 201. The chairman in Lethbridge actually alluded to it this way. I still don't know what he meant – though it was dire. Teaching satirized 200-215 – these over-the-top episodes didn't happened (I hope that's obvious) but are of the nature of fantasies. I didn't have sex with my students, though there was a lot of that sort of sex going on. The "grievance process" P. 227. Thesis Director satirized P. 237. Intimate friend lost in 1995 over tension between gayness and "demands" of being an Anglican Priest. My friend sought some sort of conversion therapy from a therapist known to people I associated with in the Archives at the Queen Street Mental Health Centre. Cyril Greenland (the founder of the Archives, now deceased) had heard of him (and me) through the therapist. Some of this is addressed (very sarcastically) P. 242-3. The final blow to my academic "careeer" was an episode with Bishop's University in Lennoxville (outside Montreal). They hired me (albeit cheaply, on a short-term contract) and then reneged on the contract, ostensibly because I'd asked for an advance (to get me there – I was on Welfare) – but I think it had to do with other things (they knew I was working on a book called SWORDS IN MYRTLE DRESS'D: TOWARD A RHETORIC OF SODOM). Bishops University is a tiny, conservative, Anglican College – P. 246-7.

1995-2002: Lived in rooming house in Toronto. Mainly on Welfare and occasionally finding cash-only work. In 1997-98 I volunteered in the Archives at what was then the Queen Street Mental Health Centre (now part of $CAMH). This helped me gather material for TROPING THE ASYLUM, but this stint ended badly after an anti-merger protest I was involved in fell apart – was (I don't think this is too strong a word) betrayed by a quisling psych-survivor. I think my volunteering at Queen Street was very significant in several ways. I was very moved by my experience of the old hospital – despite the negative things that happened, the bad politics and their failure to adequately acknowledge some of the

research I did for them – including the play that they put on to commemorate the merger (albeit a wake).

Volunteering at Queen Street Mental Health Centre P. 264. The play I researched P. 277-85. The bad politics P. 292. Parody of another of my interventions P. 294. A more recent "intervention" P. 296.

2002-2004: Found work in Group Home for people with "mental illness" - mainly schizophrenia. Very stressful work for which I was unprepared and unsuited, especially given my own issues. Left after the suicide of my colleague and mentor.

2005-2007: Found work in Emergency Shelters, which were of course an even worse environment for me, and where the events – fights, suicide attempts, suicide threats, homelessness, distress and death – mainly tended to aggravate the conditions that I had.

For example, someone possibly dying on his feet after a suicide attempt P. 372-3. Shelters described P. 373-9. Fears of homelessness P. 386-7

2007-2011: Subsistence, Welfare (OW) while awaiting processing of ODSP application, etc.

2011-December 6 2011: Probably the most stable period of my life – because it seemed my disability had been recognized, or at least my inability to work, and my basic needs for shelter etc. were being met. My reaction to the failure of my Medical Review has been rather extreme – alternating between a tendency to "freeze" and panic attacks, with nausea and vomiting – underlining the nature of my disorder, and further deterioration of my stamina, etc.

I think part of what this timeline describes is a vicious cycle of schizoid withdrawal leading to worsening trauma, withdrawal leading to traumatizing jobs leading to greater withdrawal, cycles of withdrawal fueled by trauma, etc.

There is one other "behavior" that I thought I should mention. We would have got to it eventually, but we've been covering a lot of ground. When stressed or distressed, sometimes for reasons I can't exactly identify or which seem inconsequential, I'll trash my things – music CDs, DVDs, pictures, books, etc. This hasn't happened for a few years – and very fortunately doesn't extend to anything else but my own personal - material – possessions. One reason why I don't have a lot of stuff.

P. 391

I don't want to preempt or co-opt your own writing – but I thought this timeline with these examples might save you some time delving through my book. Now I'll butt out – I need a break from all this stuff - and touch base with you on the 31st at 3.

See you then,
Jon.

014 TUE 15:38 FAX 4165310885 Parkdale Community Legal 001/004

1266 Queen St West, Toronto, Ontario M6K 1L3 Phone 416-531-2411
Fax 416-531-0885

Parkdale Community
Legal Services Inc.



Fax

To:	Dr. Kussin	From:	Livia Berius Parkdale Community Legal Services
Fax:	416-603-5490	Pages:	4 (including this page)
Phone:		Date:	February 20, 2014
Re:	Jon Thomas Rowland DOB: March 19, 1956	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Please find attached:

- A letter requesting a medical report on behalf of Mr. Rowland;
- A 'consent to release information form' signed by Mr. Rowland;

Thank you,

Livia Berius

CONFIDENTIALITY NOTE

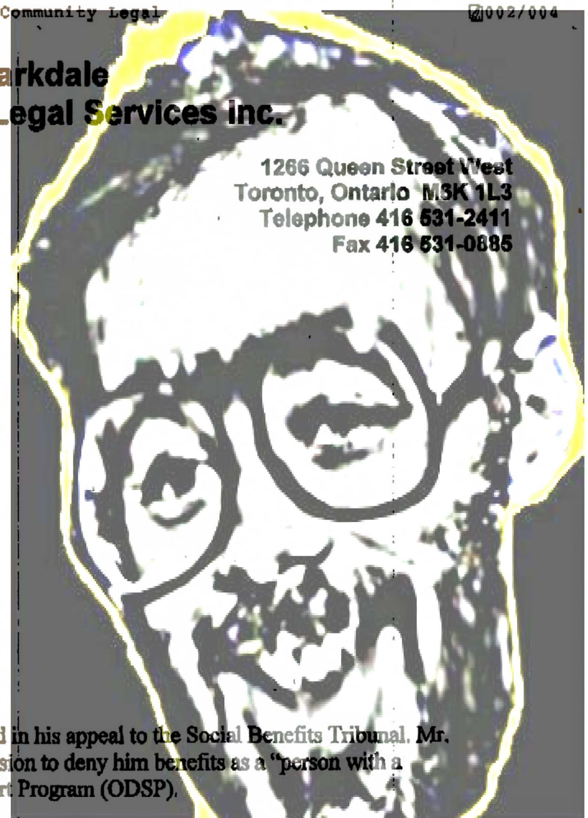
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If you have any questions, or if you do not receive all pages, please contact: Livia Berius, ext. 234

HOW CAN I HELP?

A Week in My Life as a Psychiatrist

David Goldbloom and Pier Bryden



Parkdale Community Legal Services inc.

1266 Queen Street West
Toronto, Ontario M3K 1L3
Telephone 416 531-2411
Fax 416 531-0885

February 20, 2014

VIA FACSIMILE: 416-603-5490

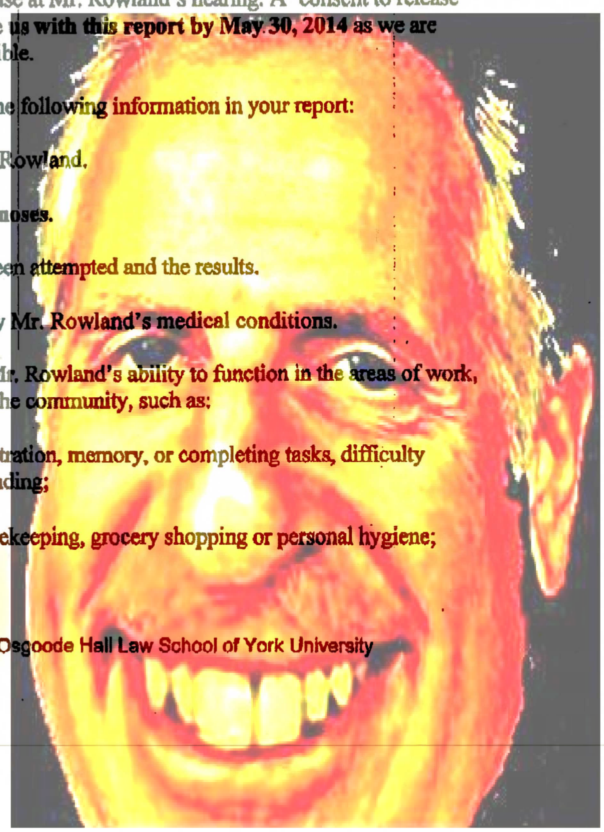
Dr. Kussin
Director, Community Mental Health
UHN – Toronto Western Hospital
New East Wing, 9E452
399 Bathurst St.
Toronto, ON
M5T 2S8

Dear Dr. Kussin:

RE: ROWLAND, Jon Thomas
DOB: March 19, 1956

We are representing Mr. Jon Thomas Rowland in his appeal to the Social Benefits Tribunal. Mr. Rowland is appealing the medical review decision to deny him benefits as a "person with a disability" under the Ontario Disability Support Program (ODSP).

We are writing to request a medical report to use at Mr. Rowland's hearing. A 'consent to release information' form is enclosed. **Please provide us with this report by May 30, 2014** as we are attempting to settle his matter as early as possible.



It would be appreciated if you could include the following information in your report:

1. How long you have been treating Mr. Rowland.
2. The relevant medical history and diagnoses.
3. The types of treatment which have been attempted and the results.
4. Impairments or symptoms caused by Mr. Rowland's medical conditions.
5. Specific examples of restrictions in Mr. Rowland's ability to function in the areas of work, personal care or ability to function in the community, such as:
   - Workplace: difficulty with concentration, memory, or completing tasks, difficulty sleeping, difficulty walking or standing;
   - Personal care: difficulty with housekeeping, grocery shopping or personal hygiene;

- Ability to function in the community: difficulty socializing, taking public transit or mobility, engaging with hobbies, attending a place of worship.

6. Copies of any **consultation notes** that you have received regarding Mr. Rowland.

In order to be considered by the Tribunal, it is very important that you indicate whether the conditions, impairments and restrictions outlined in your report existed at the **date of the ODSP decision to deny Mr. Rowland's benefits, which was December 6, 2013,** and if the conditions are expected to last **12 months or more**. To ensure your report meets the requirements, you may wish to include the following sentence:

> **"This report outlines Mr. Rowland's medical conditions, impairments and restrictions as they existed on December 6, 2013. I expect Mr. Rowland's conditions to last for one year or longer."**

As you may know, Parkdale Community Legal Services is a non-profit clinic providing free legal representation to a low income clientele. We would therefore appreciate your consideration in waiving all or part of the fee for this medical report. Please contact us regarding any fee, if you are unable to provide a supportive report, or if you have any questions about this request.

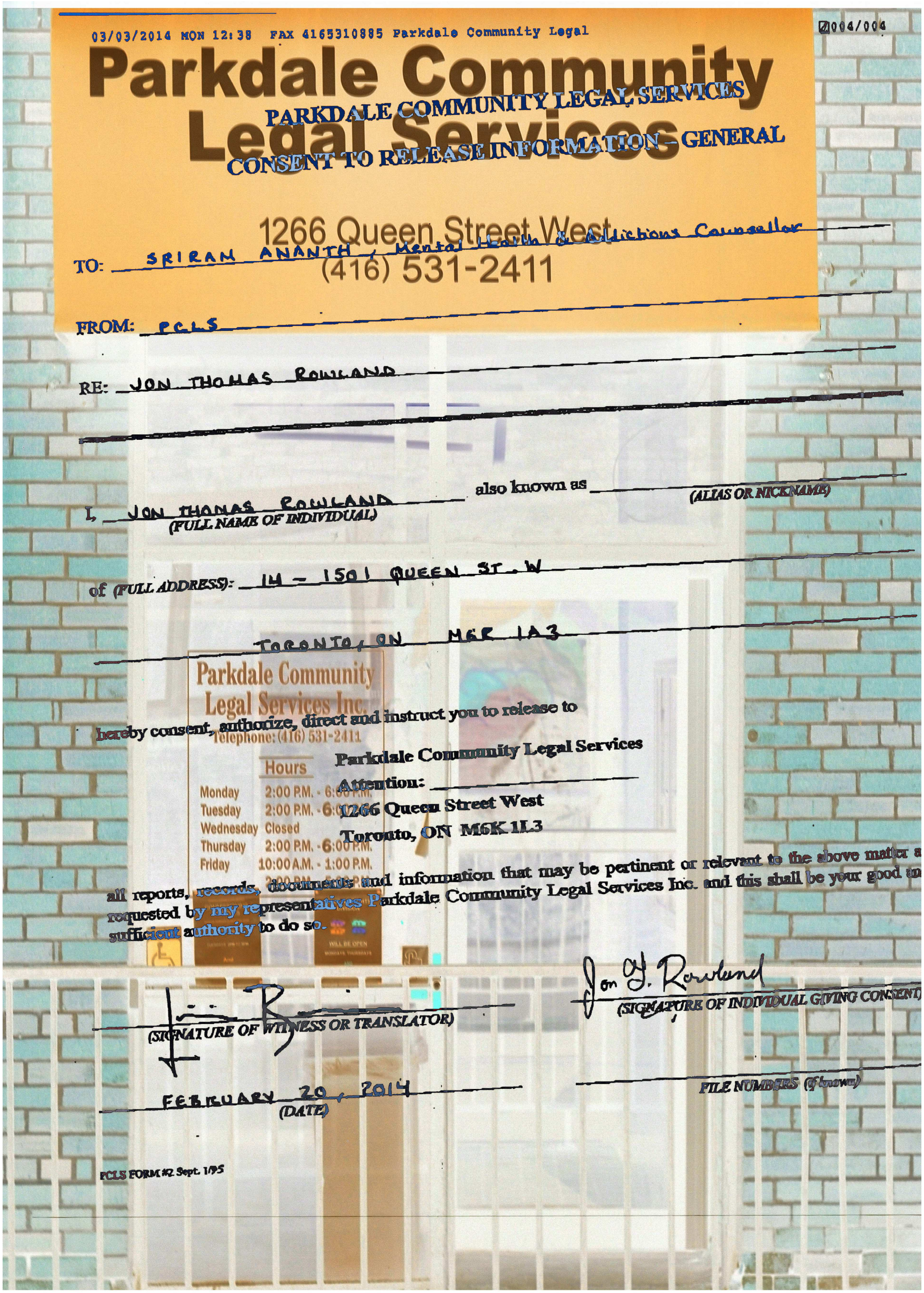
On behalf of Mr. Rowland, I thank you for your assistance, and look forward to receiving your report and statement of account.

Yours truly,
Parkdale Community Legal Services
Per:

Cynthia Fay
Staff Lawyer

Reply Attention: Livia Berius, Law Student, Extension 234

Encl. Consent to Release Information form



PARKDALE COMMUNITY LEGAL SERVICES

CONSENT TO RELEASE INFORMATION – GENERAL

TO: SRIRAN ANANTH, Mental Health & Addictions Counsellor

FROM: PCLS

RE: JON THOMAS ROWLAND

I, JON THOMAS ROWLAND also known as ____________
(FULL NAME OF INDIVIDUAL) *(ALIAS OR NICKNAME)*

of *(FULL ADDRESS)*: 14 – 1501 QUEEN ST. W

TORONTO, ON M6R 1A3

hereby consent, authorize, direct and instruct you to release to

Parkdale Community Legal Services
Attention: ____________
1266 Queen Street West
Toronto, ON M6K 1L3

all reports, records, documents and information that may be pertinent or relevant to the above matter as requested by my representatives Parkdale Community Legal Services Inc. and this shall be your good and sufficient authority to do so.

[signature]
(SIGNATURE OF WITNESS OR TRANSLATOR)

Jon T. Rowland
(SIGNATURE OF INDIVIDUAL GIVING CONSENT)

FEBRUARY 20, 2014
(DATE)

____
FILE NUMBERS (if known)

PCLS FORM #2 Sept. 1/95

1266 Queen St West, Toronto, Ontario M6K 1L3 Phone 416-531-2411
Fax 416-531-0885

Parkdale Community Legal Services Inc.

Fax

To:	Shona MacKenzie	From:	Livia Berius Parkdale Community Legal Services
Fax:	416-537-3526	Pages:	4 (Including this page)
Phone:		Date:	February 20, 2014
Re:	**Jon Thomas Rowland** **DOB: March 19, 1956**	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Please find attached:

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Livia Berius

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Parkdale
Community Legal Services Inc.

1266 Queen Street West
Toronto, Ontario M6K 1L3
Telephone 416 531-2411
Fax 416 531-0885

February 20, 2014

VIA FACSIMILE: 416-537-3526

Shona MacKenzie, Nurse Practitioner
1229 Queen Street West
Toronto, ON
M6K 1L2

Dear Ms. MacKenzie:

RE: **ROWLAND, Jon Thomas**
DOB: **March 19, 1956**

We are representing Mr. Jon Thomas Rowland in his appeal to the Social Benefits Tribunal. Mr. Rowland is appealing the medical review decision to deny him benefits as a "person with a disability" under the Ontario Disability Support Program (ODSP).

We are writing to request a report to use at Mr. Rowland's hearing. A 'consent to release information' form is enclosed. **Please provide us with this report by May 30, 2014** as we are attempting to settle his matter as early as possible.

It would be appreciated if you could include the following information in your report:

1. How long you have been treating Mr. Rowland.
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3. The types of **treatment** which have been attempted and the results.
4. **Impairments or symptoms** caused by Mr. Rowland's medical conditions.
5. Specific examples of **restrictions** in Mr. Rowland's ability to function in the areas of work, personal care or ability to function in the community, such as:
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    - Ability to function in the community: difficulty socializing, taking public transit or mobility, engaging with hobbies, attending a place of worship.
6. Copies of any **consultation notes** that you have received regarding Mr. Rowland.

Why I am unable to work, etc....

I have a disability, and I am unable to work. I have not worked since August of 2007, when I began to feel ill on the job (with what I now realized are the symptoms of a stress disorder), asked to be relieved of my duties. As soon as another relief worker could be found, I left the shelter. I have not worked in any capacity since.

I think it should be understood that prior to this crisis I had not worked in any regular full-time capacity since 1986 – though even this was temporary work, for which I wasn't suited either by temperament or by training. I knew this and returned to school in the fall of '86 as a doctoral candidate at the Universite de Montreal.

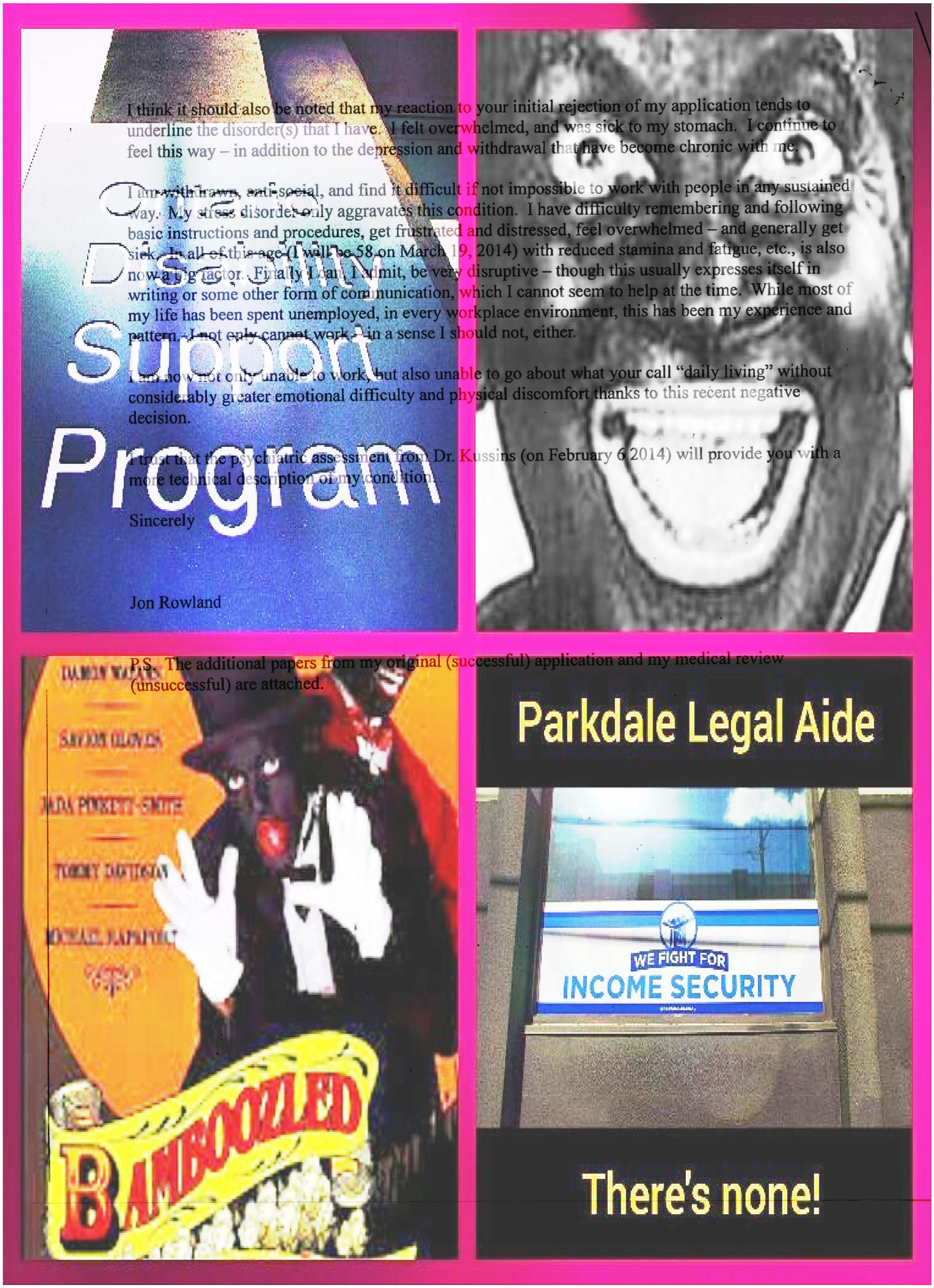
The environment in Montreal was unusual, in that all courses were taken in the evening in what was something of an enclave within the rest of the mainly french-speaking university. I consequently worked in isolation and solitude, which had become habitual with me since my adolescence and the suicidal episode described above. (This suicidal episode might have been symptomatic of withdrawal – it was preceded and followed and followed by long periods of withdrawal and depression, for portions of which I was unable to do even routine paper-work – like completing a schedule. For part of this time I was homeless. I probably never fully recovered from this – whatever it was – but I was also never diagnosed – partly because I agreed with the doctor to represent it – the suicide attempt – an overdose of sleeping pills – as an accident.)

Consequently my time as a doctoral candidate in Montreal if anything aggravated a tendency to withdraw. I knew that entering the workplace after graduation, especially as a teacher or professor, would be problematic. Indeed, it was. My first job in 1991 – contractual – was in Lethbridge, again a rather alien environment where I found myself isolated. This was made a lot worse for me later in my one-year contract when someone from Montreal – obviously another doctoral candidate – wrote to my chair in Lethbridge attacking me for being gay, and accusing me of spreading AIDS throughout the department. I felt myself overwhelmed by this, and wrote to various people attempting to defend myself. This was probably counter-productive, and seemed to underline a pattern – experiencing a grievance, and responding to it – and the grievance only becoming worse.

Subsequently I managed to find part-time work at the University of Toronto as a lecturer from 1993-95. This ended the same way – with my being overlooked for full-time work, and grieving it very publicly. I was not rehired, and was probably black-listed.

I have not had meaningful employment since, and continued a pattern of anti-social withdrawal which I do not know how to reverse, which has become chronic, and which I believe is now aggravated by age, by deteriorating health and stamina, and by a stress disorder which has gotten much worse over time (though it briefly stabilized while I was on ODSP the last two years).

I think it should be noted that between 2003 and 2007 I tried other kinds of work, but at these I was unsuccessful. These jobs did not last, and actually made my condition a lot worse. One was a part-time cash-only job in a store, for which I was unsuited because my withdrawn character alienated customers. Another was working in a group home and shelters, which I have already written about. This proved disastrous for me, after the man who was training me took his own life.



I think it should also be noted that my reaction to your initial rejection of my application tends to underline the disorder(s) that I have. I felt overwhelmed, and was sick to my stomach. I continue to feel this way – in addition to the depression and withdrawal that have become chronic with me.

I am withdrawn, anti-social, and find it difficult if not impossible to work with people in any sustained way. My stress disorder only aggravates this condition. I have difficulty remembering and following basic instructions and procedures, get frustrated and distressed, feel overwhelmed – and generally get sick. In all of this age (I will be 58 on March 19, 2014) with reduced stamina and fatigue, etc., is also now a big factor. Finally I can, I admit, be very disruptive – though this usually expresses itself in writing or some other form of communication, which I cannot seem to help at the time. While most of my life has been spent unemployed, in every workplace environment, this has been my experience and pattern. – I not only cannot work – in a sense I should not, either.

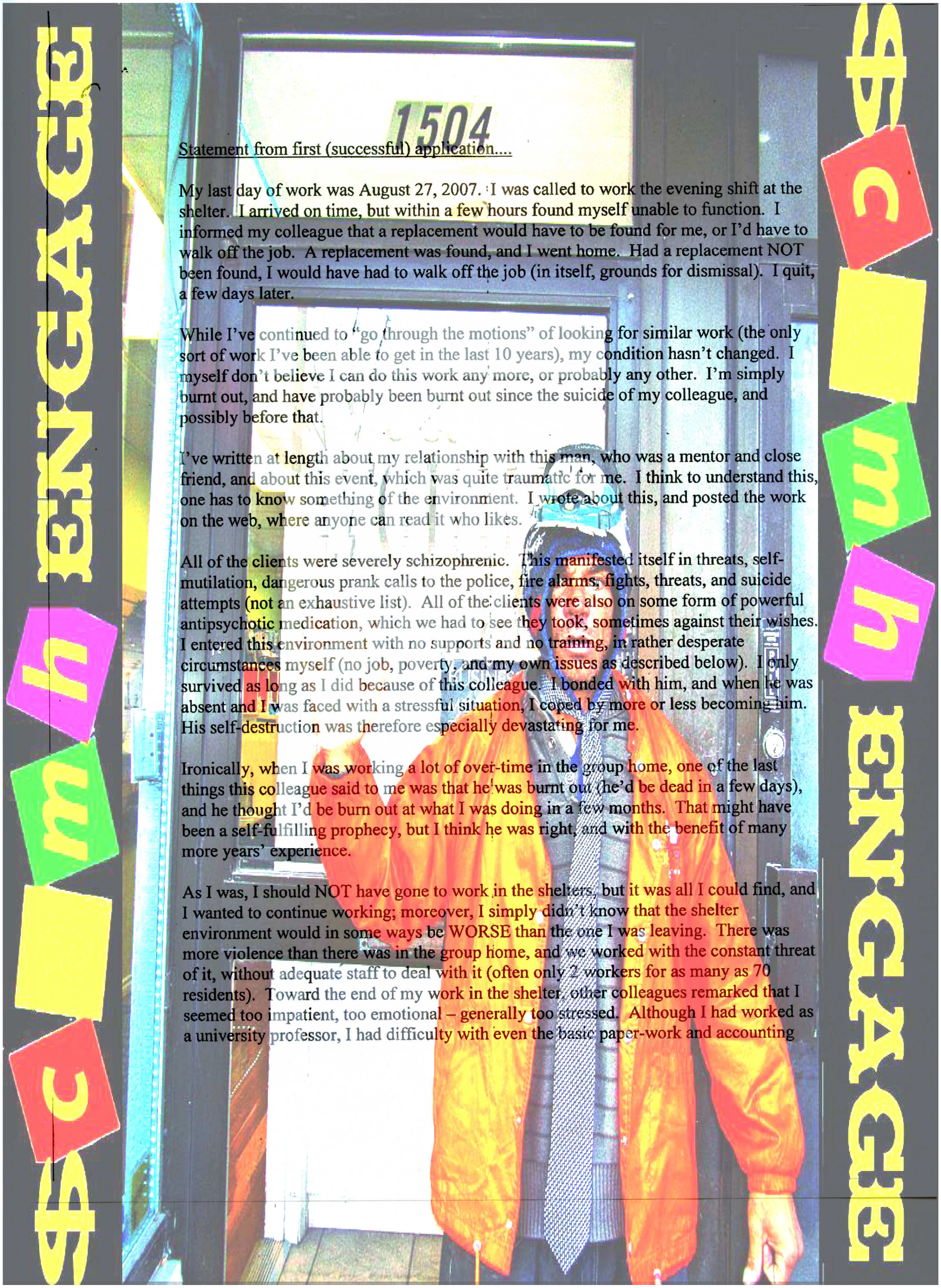
I am now not only unable to work, but also unable to go about what your call "daily living" without considerably greater emotional difficulty and physical discomfort thanks to this recent negative decision.

I trust that the psychiatric assessment from Dr. Kussins (on February 6 2014) will provide you with a more technical description of my condition.

Sincerely

Jon Rowland

P.S. The additional papers from my original (successful) application and my medical review (unsuccessful) are attached.



Statement from first (successful) application....

My last day of work was August 27, 2007. I was called to work the evening shift at the shelter. I arrived on time, but within a few hours found myself unable to function. I informed my colleague that a replacement would have to be found for me, or I'd have to walk off the job. A replacement was found, and I went home. Had a replacement NOT been found, I would have had to walk off the job (in itself, grounds for dismissal). I quit, a few days later.

While I've continued to "go through the motions" of looking for similar work (the only sort of work I've been able to get in the last 10 years), my condition hasn't changed. I myself don't believe I can do this work any more, or probably any other. I'm simply burnt out, and have probably been burnt out since the suicide of my colleague, and possibly before that.

I've written at length about my relationship with this man, who was a mentor and close friend, and about this event, which was quite traumatic for me. I think to understand this, one has to know something of the environment. I wrote about this, and posted the work on the web, where anyone can read it who likes.

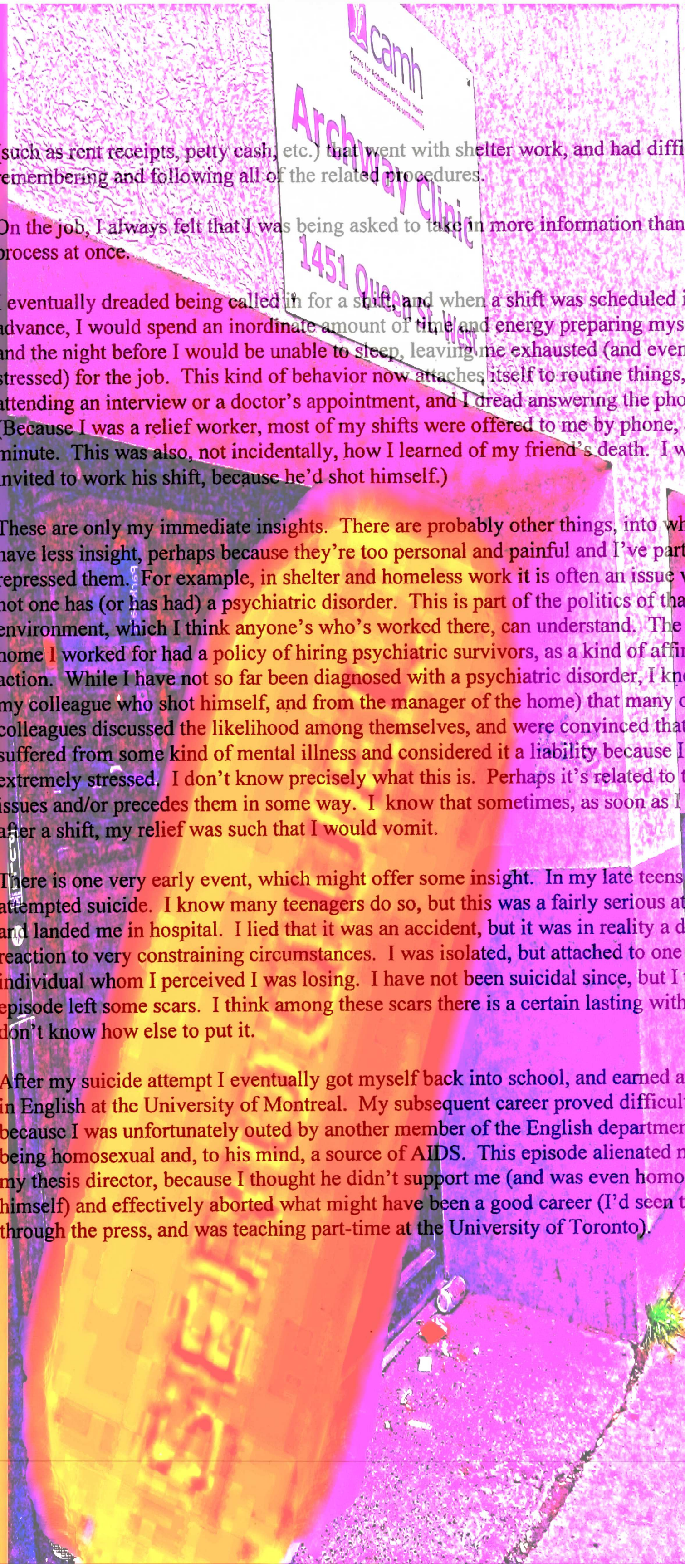
All of the clients were severely schizophrenic. This manifested itself in threats, self-mutilation, dangerous prank calls to the police, fire alarms, fights, threats, and suicide attempts (not an exhaustive list). All of the clients were also on some form of powerful antipsychotic medication, which we had to see they took, sometimes against their wishes. I entered this environment with no supports and no training, in rather desperate circumstances myself (no job, poverty, and my own issues as described below). I only survived as long as I did because of this colleague. I bonded with him, and when he was absent and I was faced with a stressful situation, I coped by more or less becoming him. His self-destruction was therefore especially devastating for me.

Ironically, when I was working a lot of over-time in the group home, one of the last things this colleague said to me was that he was burnt out (he'd be dead in a few days), and he thought I'd be burn out at what I was doing in a few months. That might have been a self-fulfilling prophecy, but I think he was right, and with the benefit of many more years' experience.

As I was, I should NOT have gone to work in the shelters, but it was all I could find, and I wanted to continue working; moreover, I simply didn't know that the shelter environment would in some ways be WORSE than the one I was leaving. There was more violence than there was in the group home, and we worked with the constant threat of it, without adequate staff to deal with it (often only 2 workers for as many as 70 residents). Toward the end of my work in the shelter, other colleagues remarked that I seemed too impatient, too emotional – generally too stressed. Although I had worked as a university professor, I had difficulty with even the basic paper-work and accounting

$CAMH-I$

OFFLABEL



(such as rent receipts, petty cash, etc.) that went with shelter work, and had difficulty remembering and following all of the related procedures.

On the job, I always felt that I was being asked to take in more information than I could process at once.

I eventually dreaded being called in for a shift, and when a shift was scheduled in advance, I would spend an inordinate amount of time and energy preparing myself for it, and the night before I would be unable to sleep, leaving me exhausted (and even more stressed) for the job. This kind of behavior now attaches itself to routine things, like attending an interview or a doctor's appointment, and I dread answering the phone. (Because I was a relief worker, most of my shifts were offered to me by phone, at the last minute. This was also, not incidentally, how I learned of my friend's death. I was invited to work his shift, because he'd shot himself.)

These are only my immediate insights. There are probably other things, into which I have less insight, perhaps because they're too personal and painful and I've partially repressed them. For example, in shelter and homeless work it is often an issue whether or not one has (or has had) a psychiatric disorder. This is part of the politics of that environment, which I think anyone's who's worked there, can understand. The group home I worked for had a policy of hiring psychiatric survivors, as a kind of affirmative action. While I have not so far been diagnosed with a psychiatric disorder, I know (from my colleague who shot himself, and from the manager of the home) that many of my colleagues discussed the likelihood among themselves, and were convinced that I suffered from some kind of mental illness and considered it a liability because I could get extremely stressed. I don't know precisely what this is. Perhaps it's related to the stress issues and/or precedes them in some way. I know that sometimes, as soon as I got home after a shift, my relief was such that I would vomit.

There is one very early event, which might offer some insight. In my late teens I attempted suicide. I know many teenagers do so, but this was a fairly serious attempt, and landed me in hospital. I lied that it was an accident, but it was in reality a deliberate reaction to very constraining circumstances. I was isolated, but attached to one individual whom I perceived I was losing. I have not been suicidal since, but I think this episode left some scars. I think among these scars there is a certain lasting withdrawal. I don't know how else to put it.

After my suicide attempt I eventually got myself back into school, and earned a doctorate in English at the University of Montreal. My subsequent career proved difficult, partly because I was unfortunately outed by another member of the English department for being homosexual and, to his mind, a source of AIDS. This episode alienated me from my thesis director, because I thought he didn't support me (and was even homophobic himself) and effectively aborted what might have been a good career (I'd seen two book through the press, and was teaching part-time at the University of Toronto).



I now have difficulty sleeping at night, and if I have any specific business to attend to the next day, probably won't sleep at all. I still dream about the group-home. When I first wake up, I usually feel depressed or a bit numb, and it can take me several hours before I feel well enough to go out.

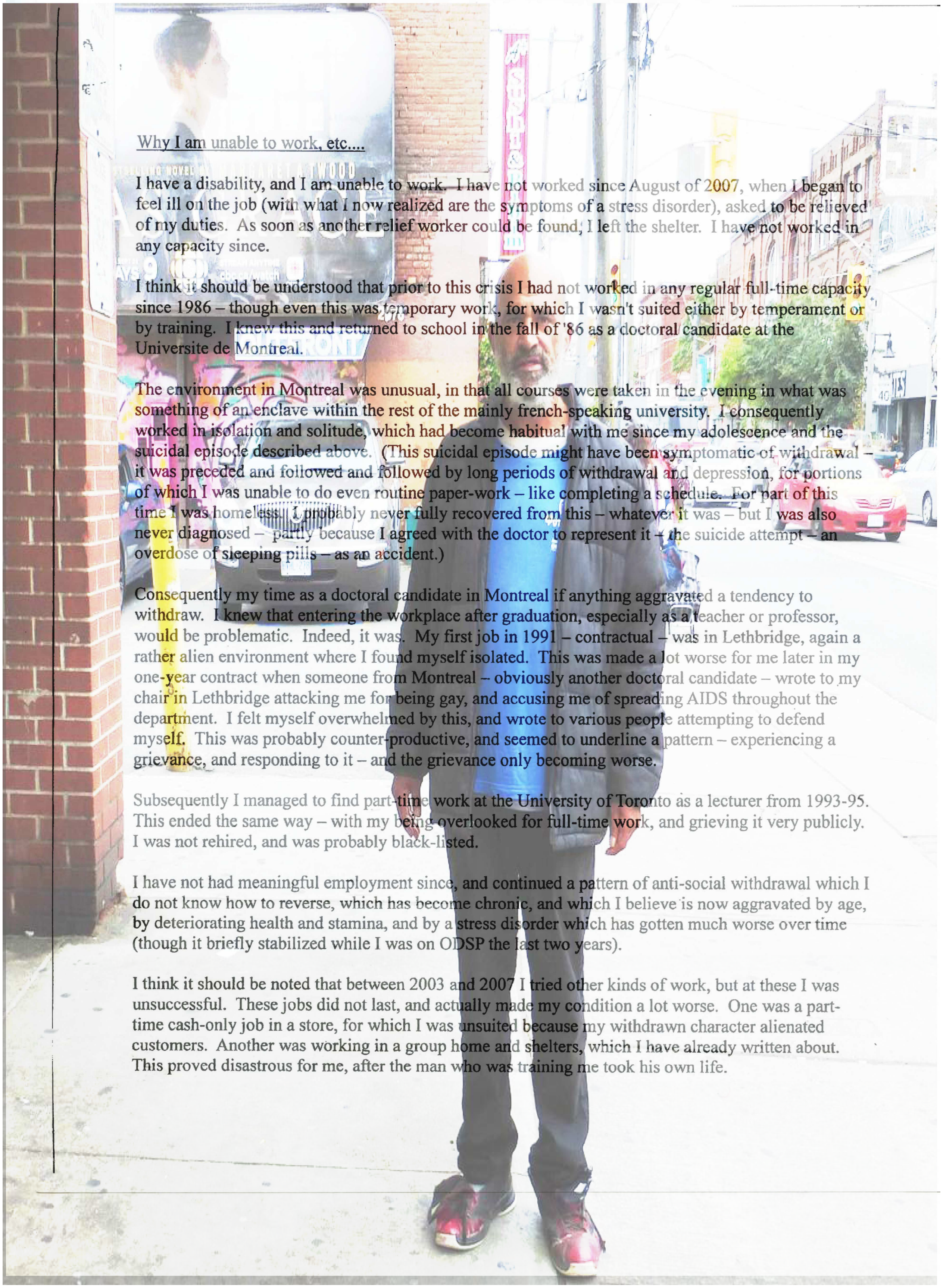
I am able to shop, prepare at least one meal a day, and keep house, but this sort of activity upsets me when it reminds me of doing the identical things with my colleague from the group-home, since we usually shopped together for the same things in the same stores I frequent now. The blue bins at the No Frills, for example, are identical to the ones he used to carry groceries into the Home. Seeing them can bring back the way I felt at the time of his suicide.

Anything where there is record-keeping and interaction with officials, like banking, is also very stressful for me, and I will usually put it off as long as possible. This might be related to my anxieties over my own record-keeping as a support worker, especially the "meds" about which I was becoming increasingly anxious. When I do attend to such things, I have to prepare excessively and steel myself beforehand. This takes time, and a lot of energy.

I have always been somewhat withdrawn, so I don't have a lot of friends. With such friends as I do have, I tend to be impatient, too emotional, and short-tempered. At the same time, they get impatient with me for inattention, for not following conversation, etc. I avoid places where there are a lot of people, queues of people waiting in stores, etc., because they remind me of similar procedures in the shelter and the home. I especially avoid drop-ins and soup-kitchens since in addition to being crowded they remind me of support work, specifically the atmosphere of the shelter during mealtimes, when there was a lot of tension over food and fights broke out.

My immediate fear right now is that as my savings are exhausted I won't have enough money (on Ontario Works, for example) to afford rent. The worst scenario would be ending up in a shelter, which for understandable reasons I probably couldn't bear. This is in itself a source of considerable anxiety for me, since even without any handicaps I might have, getting work is difficult for someone of my age and background. Marginal support work is the only thing I've been able to get since my career fell apart in the mid 90s, and I can't do it any more.

Apart from these issues, serious as they are, I enjoy my life and do not wish to be subjected to a lot of intrusive analysis or medication. I spend a lot of my time working on my writing, which I regard as a form of psychiatric advocacy, some of which has been favorably reviewed by the alternative press. I would like to work with mentally ill people, perhaps as a volunteer, in some useful capacity but in an environment where there is not the constant threat of violence and where there is less personal responsibility.



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I trust that the psychiatric assessment from Dr. Kussins (on February 6 2014) will provide you with a more technical description of my condition.

Sincerely

Jon Rowland

P.S. The additional papers from my original (successful) application and my medical review (unsuccessful) are attached.

FROM PCLS

Patient Name: Jon Thomas Rowland

This patient is appealing the decision to deny them benefits as a "person with a disability" under the *Ontario Disability Support Program Act* (*ODSPA*). This individual will be representing themselves at a hearing before the Social Benefits Tribunal (SBT). They will require a medical report to use at their hearing.

It would be appreciated if you could kindly include the following information in your report:

1. How long you have been treating this patient.
2. The relevant medical history and **diagnoses.**
3. The types of **treatment** which have been attempted and the results, including **medications and referrals.**
4. **Impairments or symptoms** caused by this patient's medical conditions.
5. Specific examples of **restrictions** in this patient's functioning in the areas of work, personal care or functioning in the community, such as:
   - * Workplace: difficulty with concentration, memory, or completing tasks, limited stamina, difficulty walking or standing; difficulty dealing with people (withdrawn)
   - Personal care: difficulty with housekeeping, grocery shopping or personal hygiene;
   - * Functioning in the community: difficulty socializing, taking public transit or mobility, engaging with hobbies, attending a place of worship.
6. Copies of any consultation notes or reports that you received regarding the patient.

It is very important that you indicate whether the patient's conditions and impairments existed at the **date of the original ODSP decision, which was** DEC 6, 2013, and if their conditions are expected to last **12 months or more,** which is a requirement under the *ODSPA*.

This individual relies on Ontario Works (ODSP) for financial support. They would therefore appreciate your consideration in waiving all or part of the fee for this medical report.

Thank you for your attention to this matter.

Parkdale Community Health Centre

Main Office
1229 Queen Street West
Toronto, ON M6K 1L2
Tel 416.537.2455
Fax (Admin.) 416.537.5133
Fax (Clinical) 416.537.3526

Satellite Office
27 Roncesvalles Avenue
Suites 301 & 503
Toronto, ON M6R 3B2
Tel 416.537.8222
Fax 416.537.7714

www.pchc.on.ca

Fax Routing Sheet

Date: Dec 21/13	Time: 1245	# of Pages: (including cover sheet) 3
To: ODSP Disability Adjudication Unit		Fax #: 416 326 3374
From: Shana Mackenzie		
Sent By: Shana		

Message:

Re: Jon Rowland
#111121919
Request for Inkmal Review

Please fax your response to the Parkdale CHC Clinical Departmental Fax: 416.537.3526

FAXED
DEC 23 2013
Page ____ of ____

Parkdale
Community
Health Centre

Main Office
1229 Queen Street West
Toronto, ON M6K 1L2
Tel: 416.537.2455
Fax (Admin). 416.537.5133
Fax (Clinical). 416.537.3526

Dec 21, 2013

Re: Rowland, Jon thomas
DOB: March 19, 1956
14 - 1501 Queen St. West
Toronto, ON
M6R1A3, Canada

To whom it may concern,

I am writing this letter to support Jon Rowland's request for an internal review following the recent decision about his ODSP.

Since he found out that his ODSP will end, he has felt very stressed out "the worst since my friend's suicide". He feels very close to being overwhelmed, is terrified of becoming homeless, and feels if this happened he would die. He is very concerned that if his request for an internal review does not result in him being able to stay on ODSP he will lose his housing. This is a real possiblilty given amount he will get on OW.

Since the decision Jon has developed physical symtoms common to people with PTSD. He feels stomach pains and cramps which come in waves, and he vomited this morning before seeing me. At times he feels "prostrated" and at other times panicky. He is not really sleeping.

Jon has had extremely negative experiences with the psychiatric system for much of his life. This has led to a great deal of anxiety about accessing any psychiatric care for his mental health issues. It has also led to increased PTSD symptoms at certain times, for example during Mental Health Awareness Week, when CAMH is featured prominently in the media. However, Jon has agreed to see a psychiatrist now as he acknowledges a psychiatric opinion may be of value when the decision is made about his suitability to remain on ODSP. His appointment is February 6th, 2014.

Please take the above into consideration when making any decisions.

Sincerely,

Shona MacKenzie, RN (EC)
Registration Number: 723331-76
Billing Number: 905725
Parkdale Community Health Centre
1229 Queen St W, Toronto, ON M6K 1L2
Tel: (416) 537-2455, Fax: (416) 537-3526

December 21st, 2013

Attention: ODSP
Disability Adjudication Unite
Box B18, Toronto, ON M7A 1R3
Fax: 416-326-3374

Re: 111121919 (Jon Thomas Rowland)

Regarding your letter of December 6 2013, I am writing to request an internal review, and for more time.

This is because:

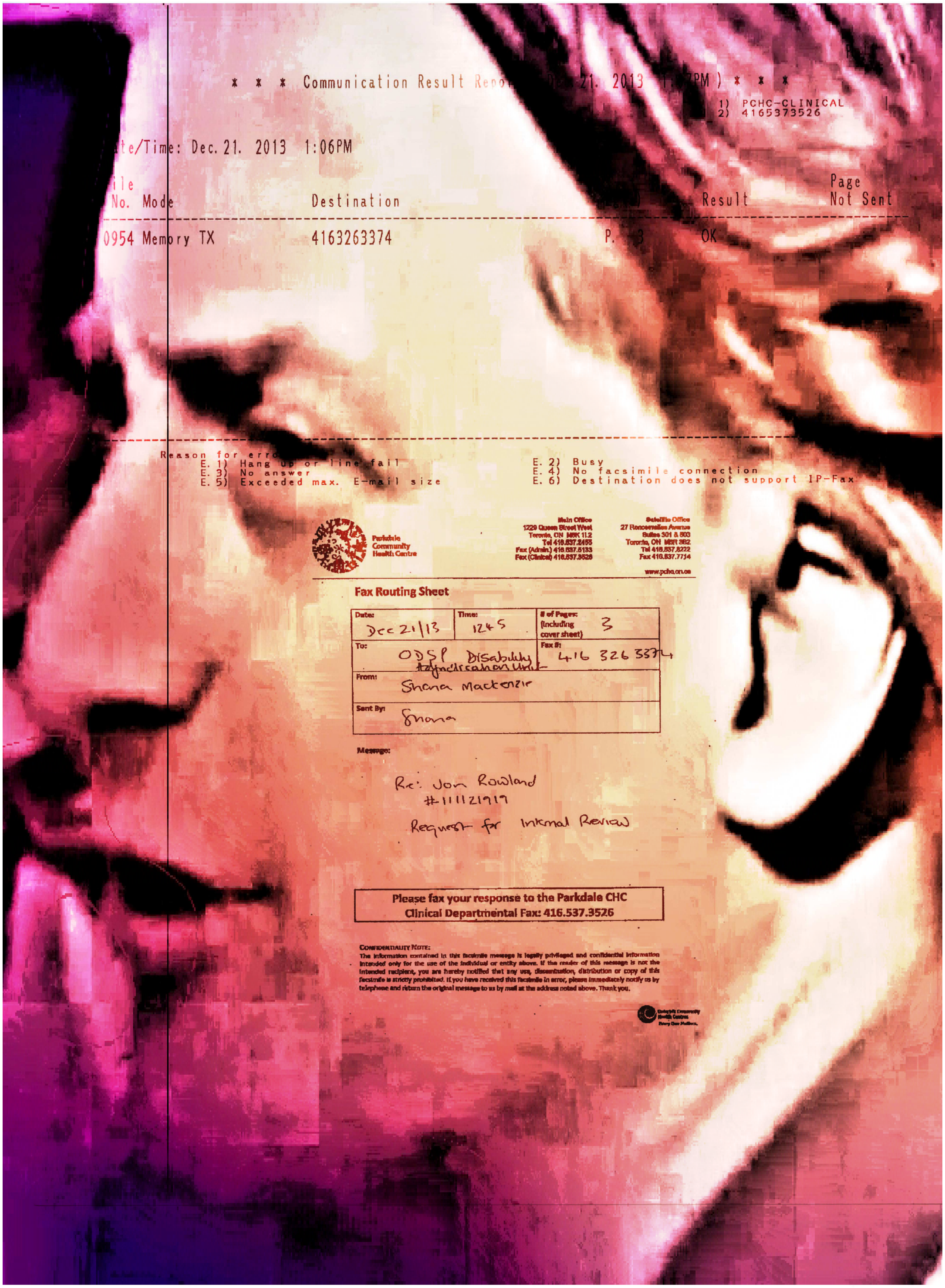
1) In previous correspondence (of May 4 2011) you indicated that my medical condition would be reviewed because my condition "might improve over time" but this condition, for which I was covered for the last 2 years, **has NOT improved:** this includes ongoing depression and stress disorders – traumatic - on a basis of withdrawal and an earlier psychotic episode resulting in hospitalization following a suicide attempt);
2) An appointment with Dr. Dennis Kussins, a psychiatrist at the Parkdale Community Health Centre, has been scheduled for me on February 6 2014. The results of this assessment, which will not be available till then, should be a part of your review;
3) While basically stable my condition has actually been aggravated somewhat over time, by age and poverty and the effects of coping with the difficult circumstances of my life (including this process);
4) As a result of these mental/psychological impairments I remain unable to work and have not worked since August of 2007.

I understand that this is also the judgment of my principal care provider, Shona Mackenzie at the Parkdale Community Health Centre, with whom I have met frequently over the last few years for counseling and other care.

Sincerely

Jon T. Rowland

Jon Thomas Rowland
DEC 21 2013



* * * Communication Result Report (... 21. 2013 1:...PM) * * *

1) PCHC-CLINICAL
2) 4165373526

...te/Time: Dec. 21. 2013 1:06PM

...ile No.	Mode	Destination		Result	Page Not Sent
0954	Memory TX	4163263374	P. 3	OK	

Reason for error
E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size
E. 2) Busy
E. 4) No facsimile connection
E. 6) Destination does not support IP-Fax

Parkdale Community Health Centre

Main Office
1229 Queen Street West
Toronto, ON M6K 1L2
Tel 416.537.2455
Fax (Admin.) 416.537.5133
Fax (Clinical) 416.537.3526

Satellite Office
27 Roncesvalles Avenue
Suites 301 & 503
Toronto, ON M6R 3B2
Tel 416.537.8222
Fax 416.537.7714

www.pchc.on.ca

Fax Routing Sheet

Date: Dec 21/13	Time: 1245	# of Pages: (including cover sheet) 3
To: ODSP Disability Adjudication Unit		Fax #: 416 326 3374
From: Shana Mackenzie		
Sent By: Shana		

Message:

Re: Jon Rowland
#111121919
Request for Internal Review

Please fax your response to the Parkdale CHC
Clinical Departmental Fax: 416.537.3526

CONFIDENTIALITY NOTE:
The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original message to us by mail at the address noted above. Thank you.

Ontario

Ministry of Community and Social Services

Ontario Disability Support Program
Ontario Works

Application for Special Diet Allowance

For Local Office Use Only	
Date Received:	Local ODSP/ON Office Stamp:

OHIP Fee Code
K055

Section 1 – to be completed by applicant (also see section 4)

Applicant Information

Last Name	First Name	Initial
ROWLAND	JOHN	

Date of birth (Y M D)	Member ID	Relationship to recipient
1956 03 19	1112919	☒ self ☐ spouse ☐ dependent child or dependent adult

Section 2 – to be completed by an approved health care professional (see list below)

This application must be completed by one of the following approved health care professionals:

- A Physician
- A Registered Nurse in the Extended Class
- A Registered Dietitian
- A Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community. [**Note:** a Registered Midwife or a Traditional Aboriginal Midwife, who is recognized and accredited by her or his Aboriginal community, may only confirm that a special diet is required for the medical condition *inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated.]*

Instructions:

1. When completing section 3, 1) place a check mark next to the applicant's medical condition that requires a special diet, 2) indicate the length of time the diet is required and 3) initial in the space provided to confirm the medical condition.
2. Complete the information below and sign.

Last Name		First Name	
Street Number	Unit/Suite/Apt.	Street Name	
City/Town/ Municipality		Province	Postal Code
Telephone Number		**Stamp (optional)**	

I am a legally qualified:

- ☐ Physician
- ☒ Registered Nurse in the Extended Class
- ☐ Registered Dietitian
- ☐ Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community

Stamp:
Shona MacKenzie, RN (EC)
Registration Number: 723331-76
Billing Number: 905725
Parkdale Community Health Centre
1229 Queen St W, Toronto, ON M6K 1L2
Tel: (416) 537-2455, Fax: (416) 537-3526

and I confirm that I have indicated a total of THREE (e.g. one, two, etc.) medical condition(s) on this application form for which the applicant requires a special diet and that the information I have provided is true in my professional opinion.

[illegible signature]
[Signature of approved health care professional]

Dec 21/13
[Date]

Note: The Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. The *Ontario Works Act, 1997*, Sec. 79/*Ontario Disability Support Program Act, 1997*, Sec. 59 states a person who knowingly aids or abets another person to obtain or receive assistance to which the other person is not entitled under this Act and the regulations is guilty of an offence.

Payment - If you are a Registered Nurse in the Extended Class, a Registered Dietitian, a Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community, please forward your invoice in the amount of $20.00 to the appropriate local Ontario Works office or ODSP office noted at the top of the application form. Please be sure to include the applicant's name and Member ID on the invoice.

Ontario

Ministry of Community and Social Services

Ontario Disability Support Program
Ontario Works

Section 3 – Special Diet Allowance

Medical condition that requires a special diet	Length of time the special diet is required for the medical condition	Confirmation of medical condition
☐ Allergy to wheat	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Celiac disease	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
Note: Where both of the above conditions are indicated only one allowance amount will be provided.		
☒ Diabetes (Pre)	☐ 6 m ☒ 12 m ☐ indefinite	S Health care professional's initials
☐ Extreme Obesity: Class III BMI>40	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Gestational Diabetes *(Note: Allowance will be provided during pregnancy and for 3 months post partum).*	Expected delivery date (yyyy/mm/dd)	Health care professional's initials
☒ Hypercholesterolemia/Hyperlipidemia	☐ 6 m ☒ 12 m ☐ indefinite	S Health care professional's initials
☐ Hypertension	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
Note: Where more than one of the above 5 conditions is indicated only one allowance (the highest) will be provided.		
☐ Dysphagia requiring thickened fluids	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☒ Allergy to milk/dairy	☐ 6 m ☐ 12 m ☒ indefinite	S Health care professional's initials
☐ Lactose intolerance	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
Note: Where both of the above conditions are indicated, the allowance amount for allergy to milk/dairy will be provided.		
☐ Inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated *Note: A Special Diet Allowance will be paid during the first 12 months of an infant's life if formula is necessary due to inadequate quantity of breast milk or breast-feeding is contraindicated and the infant requires supplementation to maintain weight.*	Infant's date of birth (yyyy/mm/dd)	Health care professional's initials
☐ Osteoporosis	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Renal Failure - pre-dialysis (GFR<30)	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials
☐ Renal Failure - peritoneal/hemodialysis	☐ 6 m ☐ 12 m ☐ indefinite	Health care professional's initials

Ontario — Ministry of Community and Social Services — Ontario Disability Support Program / Ontario Works

Medical condition that requires a special diet	Length of time the special diet is required for the medical condition	Confirmation of medical condition
☐ Chronic wounds (Stage 1 & 2) or burns (1-10% body surface area)	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
☐ Chronic wounds (Stage 3 & 4) or burns (>10% body surface area) *Note: Where both of the above conditions are indicated, only an allowance for chronic wounds (Stage 3 & 4) or burns (>10% of body surface area) will be provided.*	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
Unintended weight loss due to one or more of the following conditions (please check the degree of weight loss): ☐ >5% and ≤ 10% weight loss ☐ >10% weight loss Amyotrophic Lateral Sclerosis; Anorexia Nervosa; Cirrhosis (Stage 3 and 4); Congestive Heart Failure; Crohn's Disease; Cystic Fibrosis; HIV/AIDS; Huntington Disease; Lupus; Malignancy; Multiple Sclerosis; Muscular Dystrophy; Ostomies; Pancreatic Insufficiency; Parkinson Disease; Short Bowel Syndrome; Ulcerative Colitis	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*

The person applying for the Special Diet Allowance, or someone lawfully authorized to sign on their behalf, **must sign this declaration and consent for release of information.**

If the Special Diet Allowance is for a child under 16, then this declaration and consent for release of information **must be signed by the social assistance applicant/recipient or other individual who is lawfully authorized to sign on behalf of the child.**

[Important: the application will not be approved if the declaration and consent to release of information is not signed]

I declare to the best of my knowledge that the information on this form is true, correct and complete and I consent to the release, by the health care professional who has completed this form, to the Ministry of Community and Social Services ("ministry") and/or a delivery agent designated under the *Ontario Works Act, 1997* ("delivery agent"), of any information in my health records relating to the information provided on this application form. I understand that the ministry and/or delivery agent would be using this information in my health records to determine my initial eligibility or ongoing eligibility for the Special Diet Allowance.

I have read and signed this consent freely and voluntarily. I understand that I can refuse to sign the consent but that the Special Diet Allowance will not be provided if the consent is not signed. I understand that I can revoke or amend the consent at any time but that this may affect my eligibility for the Special Diet Allowance.

[signature] December 21 2013

[Signature of applicant or other lawfully authorized individual] *[Date]*

Note: The Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. The *Ontario Works Act, 1997*, Sec. 79/*Ontario Disability Support Program Act, 1997*, Sec. 59 states a person who knowingly receives a benefit or assistance that he/she is not entitled to receive under the Act and regulations is guilty of an offence.

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

The information on this application form is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45 and 46 or the *Ontario Works Act, 1997*, sections 7, 8, 57 & 58 for the purpose of administering Government of Ontario social assistance programs including determining recipient eligibility for the Special Diet Allowance ("Allowance") and monitoring that the Allowance is properly issued in accordance with the eligibility requirements and purpose of the Allowance by compiling trends and/or data with respect to: Allowance usage, the medical conditions for which recipients qualify under the Allowance, and the completion of the Allowance form.

For more information contact ______________________ at (   ) ____________, in your local Ontario Works or ODSP office.

VIEWPOINTS

By Andre Kan

Shona MacKenzie

From: jon rowland [jonrowland7@yahoo.com]
Sent: February-06-14 3:50 PM
To: Shona MacKenzie
Subject: Update

Hi, Shona. Thanks for the reassurances before the meeting with Dr. Cussins. I think it went quite well, and he took copious notes which he said he'd try write up as a more coherent letter by next Thursday. On the basis of a first meeting, he seemed to be everything you said he'd be - mainly attentive, and wanting to be helpful - also (understandably) curious about my antipsychiatry and probably not unsympathetic to at least some of it (the brain-based bias and the overblown claims of $CAMH, etc.).

I told him about my stress disorders and why (so far as I knew) and mentioned Sri's idea that it was possibly some kind of complex trauma (something I think you've hinted at too). I said I thought I also had an underlying condition, not exactly schizophrenic but possibly schizoid or schizotypal - this would account for the extreme withdrawal, difficulty getting along with people, failure of personal relationships, fall from station, etc. I did not delve far into family matters - the abuse stemming from my father's alcoholism and the incest issue that might have contributed to my withdrawal - but indicated in a text where these are treated in my (largely autobiographical - albeit fictionalized) book. He seemed interested.

More or less at my request Dr. Cussins prescribed some antidepressant (Zoloft) for me, to address some of the symptoms aggravated by this turn of events. He wanted to see me as soon as I could get an appointment next month - which was March 27. If I react badly to the medication I'll stop and contact you or the pharmacist and wait till I can see Dr. Cussins again.

So it looks like I'll have another strong letter. As things now stand my claim will run out March 31. I heard from the tribunal that they have ordered interim payments - ODSP to continue - till August 31 or a decision is reached. That's good so far, but if I lose the interim payments are treated as overpayment. The lawyer assures me that the repayment amount - on OW - would be very nominal. The legal aid people encouraged me to go for interim payments.

The hearing probably won't happen till June or later. Livia Berius at PCLS also indicated that if the letters etc were strong enough the tribunal could even waive the hearing. I'm obviously not looking forward to it.

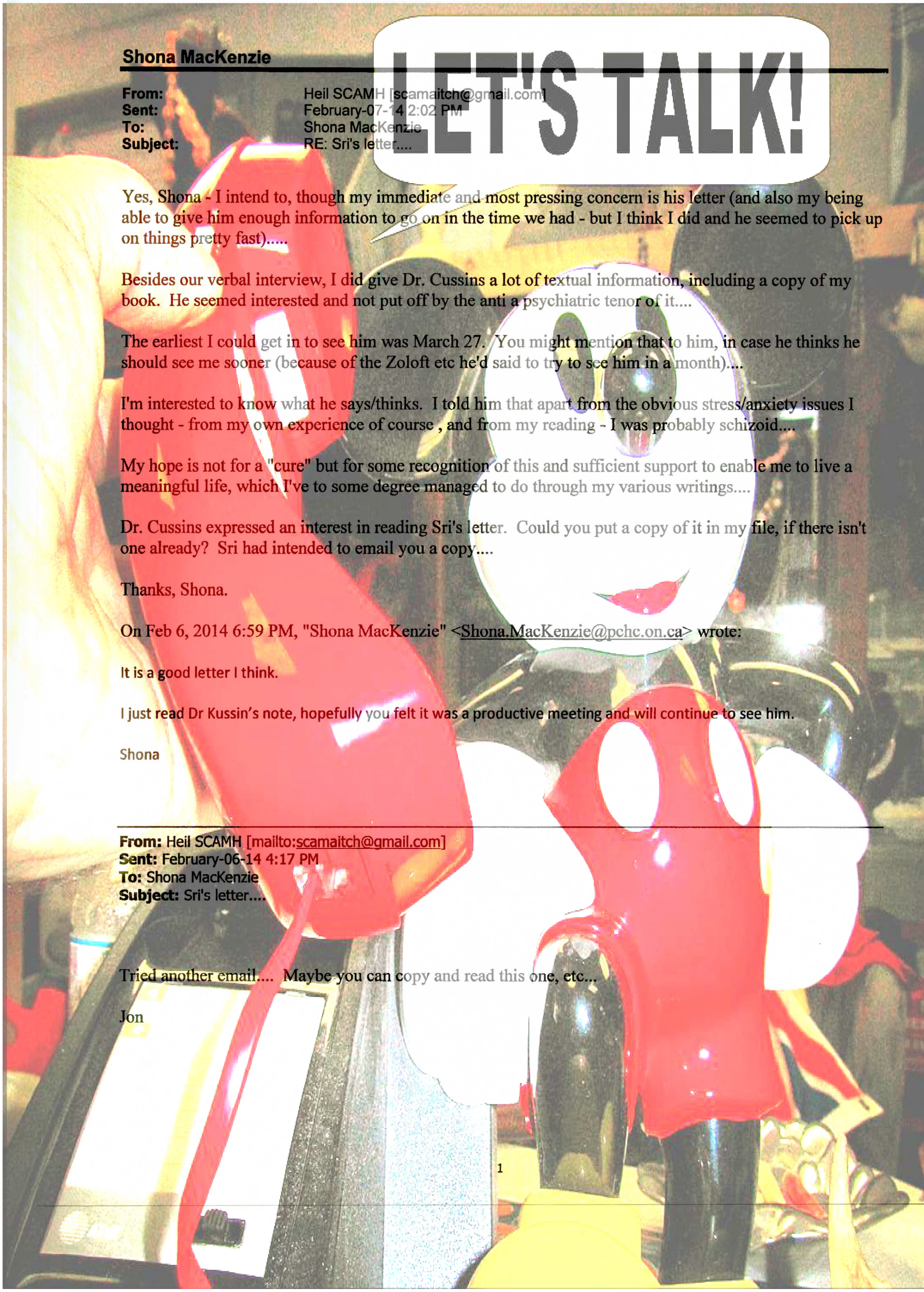
February will probably be a quiet month. I'll touch base with Sri on March 7.

I've attached Sri's letter for you to copy and read, etc - also a copy of that timeline mentioned above. We touched on some of the things in our talks - but it might help you with an updated letter - when the time comes.

Jon

P.S. For some reason couldn't attach Sri's letter. Will drop off copy for you.

TOTAL CRAP



Shona MacKenzie

From: Heil SCAMH [scamaitch@gmail.com]
Sent: February-07-14 2:02 PM
To: Shona MacKenzie
Subject: RE: Sri's letter....

Yes, Shona - I intend to, though my immediate and most pressing concern is his letter (and also my being able to give him enough information to go on in the time we had - but I think I did and he seemed to pick up on things pretty fast).....

Besides our verbal interview, I did give Dr. Cussins a lot of textual information, including a copy of my book. He seemed interested and not put off by the anti a psychiatric tenor of it....

The earliest I could get in to see him was March 27. You might mention that to him, in case he thinks he should see me sooner (because of the Zoloft etc he'd said to try to see him in a month)....

I'm interested to know what he says/thinks. I told him that apart from the obvious stress/anxiety issues I thought - from my own experience of course , and from my reading - I was probably schizoid....

My hope is not for a "cure" but for some recognition of this and sufficient support to enable me to live a meaningful life, which I've to some degree managed to do through my various writings....

Dr. Cussins expressed an interest in reading Sri's letter. Could you put a copy of it in my file, if there isn't one already? Sri had intended to email you a copy....

Thanks, Shona.

On Feb 6, 2014 6:59 PM, "Shona MacKenzie" <Shona.MacKenzie@pchc.on.ca> wrote:

It is a good letter I think.

I just read Dr Kussin's note, hopefully you felt it was a productive meeting and will continue to see him.

Shona

From: Heil SCAMH [mailto:scamaitch@gmail.com]
Sent: February-06-14 4:17 PM
To: Shona MacKenzie
Subject: Sri's letter....

Tried another email.... Maybe you can copy and read this one, etc...

Jon

1266 Queen St West, Toronto, Ontario M6K 1L3 Phone 416-531-2411
Fax 416-531-0885

Parkdale Community Legal Services Inc.

Fax

To:	Sriram Ananth	From:	Livia Berius Parkdale Community Legal Services
Fax:	416-537-3526	Pages:	4 (including this page)
Phone:		Date:	February 20, 2014
Re:	**Jon Thomas Rowland** **DOB: March 19, 1956**	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Please find attached:

- A letter requesting a report on behalf of Mr. Rowland;
- A 'consent to release information form' signed by Mr. Rowland;

Thank you,

Livia Berius

CONFIDENTIALITY NOTE

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If you have any questions, or if you do not receive all pages, please contact: Livia Berius, ext. 234

Parkdale
Community Legal Services Inc.

1266 Queen Street West
Toronto, Ontario M6K 1L3
Telephone 416 531-2411
Fax 416 531-0885

March 3, 2014

VIA FACSIMILE: 416-537-3526

Sriram Ananth, Mental Health & Addictions Counsellor
Parkdale Community Health Centre 1229 Queen Street West
Toronto, ON
M6K 1L2

Dear Mr. Ananth:

RE: **ROWLAND, Jon Thomas**
DOB: **March 19, 1956**

We are representing Mr. Jon Thomas Rowland in his appeal to the Social Benefits Tribunal. Mr. Rowland is appealing the medical review decision to deny him benefits as a "person with a disability" under the Ontario Disability Support Program (ODSP).

We are writing to request a report to use at Mr. Rowland's hearing. A 'consent to release information' form is enclosed. **Please provide us with this report by May 30, 2014** as we are attempting to settle his matter as early as possible.

It would be appreciated if you could include the following information in your report:

1. How long you have been treating Mr. Rowland.

2. The relevant medical history and **diagnoses**.

3. The types of **treatment** which have been attempted and the results.

4. **Impairments or symptoms** caused by Mr. Rowland's medical conditions.

5. Specific examples of **restrictions** in Mr. Rowland's ability to function in the areas of work, personal care or ability to function in the community, such as:

   - Workplace: difficulty with concentration, memory, or completing tasks, difficulty sleeping, difficulty walking or standing;

   - Personal care: difficulty with housekeeping, grocery shopping or personal hygiene;

   - Ability to function in the community: difficulty socializing, taking public transit or mobility, engaging with hobbies, attending a place of worship.

6. Copies of any **consultation notes** that you have received regarding Mr. Rowland.

In order to be considered by the Tribunal, it is very important that you indicate whether the conditions, impairments and restrictions outlined in your report existed at the **date of the ODSP decision to deny Mr. Rowland's benefits, which was December 6, 2013**, and if the conditions are expected to last **12 months or more**. To ensure your report meets the requirements, you may wish to include the following sentence:

> **"This report outlines Mr. Rowland's medical conditions, impairments and restrictions as they existed on December 6, 2013. I expect Mr. Rowland's conditions to last for one year or longer."**

As you may know, Parkdale Community Legal Services is a non-profit clinic providing free legal representation to a low income clientele. We would therefore appreciate your consideration in waiving all or part of the fee for this medical report. Please contact us regarding any fee, if you are unable to provide a supportive report, or if you have any questions about this request.

On behalf of Mr. Rowland, I thank you for your assistance, and look forward to receiving your report and statement of account.

Yours truly,
Parkdale Community Legal Services
Per:

Cynthia Pay
Staff Lawyer

Reply Attention: Livia Berius, Law Student, Extension 234

Encl. Consent to Release Information form

In order to be considered by the Tribunal, it is very important that you indicate whether the conditions, impairments and restrictions outlined in your report existed at the **date of the ODSP decision to deny Mr. Rowland's benefits, which was December 6, 2013**, and if the conditions are expected to last 12 **months or more**. To ensure your report meets the requirements, you may wish to include the following sentence:

> **"This report outlines Mr. Rowland's medical conditions, impairments and restrictions as they existed on December 6, 2013. I expect Mr. Rowland's conditions to last for one year or longer."**

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On behalf of Mr. Rowland, I thank you for your assistance, and look forward to receiving your report and statement of account.

Yours truly,
Parkdale Community Legal Services
Per:

Cynthia Pay
Staff Lawyer

Reply Attention: Livia Berius, Law Student, Extension 234

Encl. Consent to Release Information form

9050-Problem with Social Assistance	Acute	Sriram, Ananth 22-1-2014
10037-Visit for Advice on Community Resources	Acute	Sriram, Ananth 22-1-2014
236-Visit for Therapeutic Counselling / Listening	Acute	Sriram, Ananth 22-1-2014

Signed Off On: Jan 22, 2014 4:56 PM
Signed Off By:
Provider: Ananth, Sriram



Patient: Jon Thomas Rowland **DOB**: March 19,1956 **Chart#:** M18557

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Friday January 31, 2014**

Reason for Visit:

Code - Description	Status Comments
236 - Visit for Therapeutic Counselling / Listening	Acute
9050 - Problem with Social Assistance	Acute
10037 - Visit for Advice on Community Resources	Acute

Subjective/Objective

Counselled around some decision he wanted to make re: the interim funds he was approved for while the ODSP tribunal hearing was in the process
Told him about the risk, that if he didn't get ODSP he would have to return it
He said he was working from the angle that he would have to make it work on OW alone and I thought that was a good train of thinking, and encouraged it
Suggested then that even if he were to accept the interim funds, that he live as if he was on OW and only spend that much, thereby saving the extra money
That way, should he be denied and a small portion of his income were to be cut to pay it back, he's still have some savings to fall back on and if he were approved he had a little nest egg
He liked that idea a lot
Checked in with him on the letter I wrote (see previous note) and he liked
Faxed a copy to PCLS and gave him a copy as well

Clinical Notes

Services and Languages Provided **Updated By:(Sriram Ananth**

Services and Languages Provided

English: Yes

Allied Health Codes

Basic Support; Complementary interventions; Health Advice/instructions; Information provision about community resources; Recommendation/Assistance; Advocacy;

Consultation/Referral Codes

Case management/Coordination;

Counseling

Counseling;

Let's [BABY] talk!

Assessments	Status	Comments	Updated By
10037-Visit for Advice on Community Resources	Acute		Sriram, Ananth 31-1-2014
9050-Problem with Social Assistance	Acute		Sriram, Ananth 31-1-2014
236-Visit for Therapeutic Counselling / Listening	Acute		Sriram, Ananth 31-1-2014

Signed Off On: Jan 31, 2014 6:57 PM
Signed Off By:
Provider: Ananth, Sriram

"Let's face it, how good does that feel to have some nice citrus shampoo from time to time?" says Zahn. "It's a wonderful luxury that we all enjoy. One of the things I was told when we were building our facilities is that one of the architects asked somebody, 'What do people with mental illness like?' And the answer was, 'The same things you like – what are you talking about? These are human beings who like the same comforts and luxuries as you do.' They're functioning on a level where they're trying to get by; what can we do to make life better [for them]?"

SCAMH CEO Catherine Zahn: Bullshit, Bromides & Brain Disease

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Friday February 14, 2014**

Reason for Visit:

Code - Description	Status Comments
5644 - Generalized Anxiety Disorder	

Subjective/Objective

Wants to know if Dr Kussin has written letter for ODSP appeal, wants to get it to lawyer ASAP as quite anxious to find out if they will be able to represent him. Hearing is in Sept. Thinking about opting to get ODSP till decision made - if he does and decision is in his favour he will owe money but it will only be difference between ODSP and OW and will be deducted in small amounts monthly. Didn't start sertraline, but feels overall things went OK with Dr Kussin and he will discuss why he didn't start it at next visit. Supported ++ and aware he can f/u prn

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

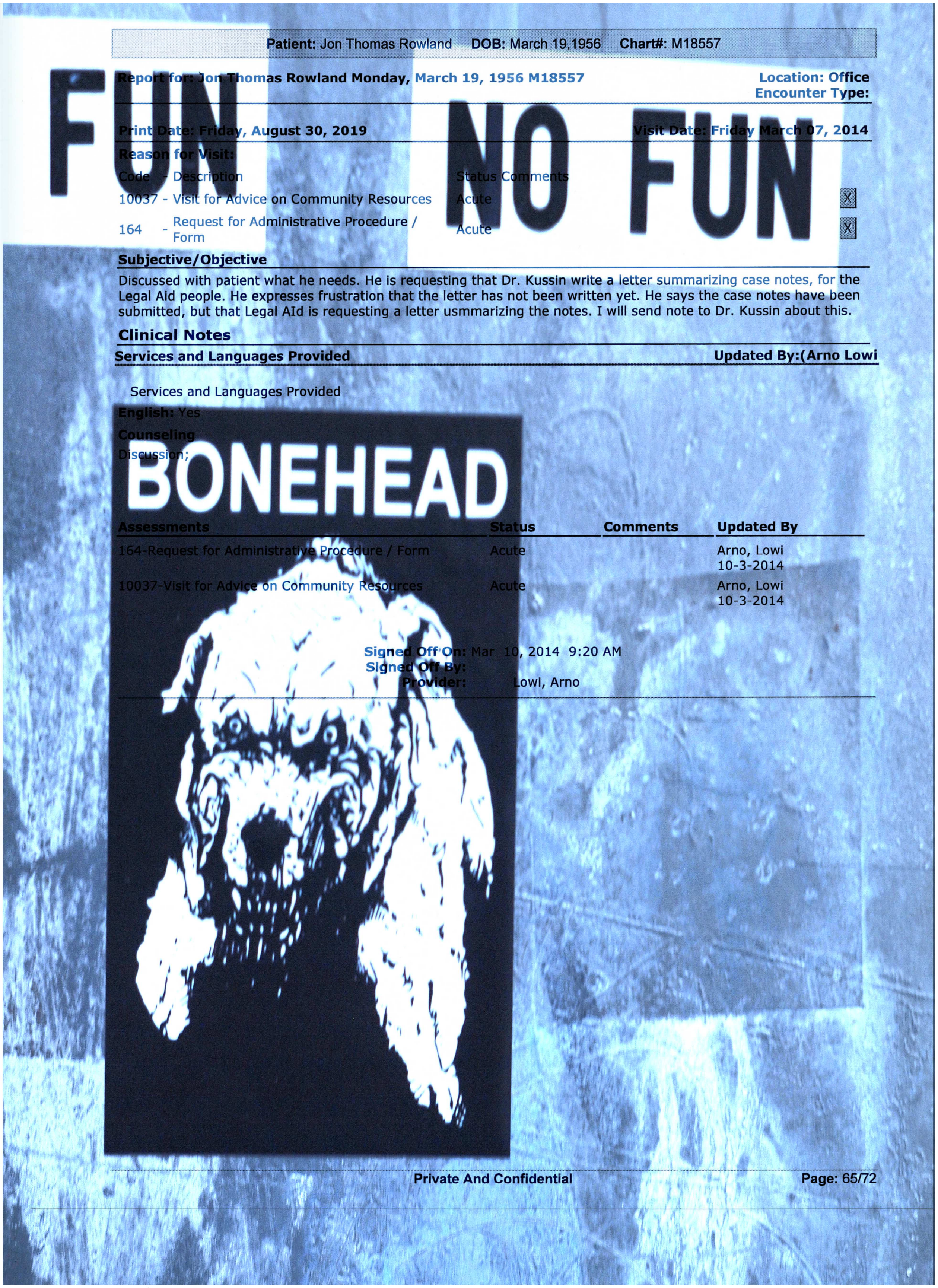
Discussion regarding the diagnostic findings; Discussion regarding the treatment plan;

Counseling

Counseling;

Assessments	Status	Comments	Updated By
5644-Generalized Anxiety Disorder			Shona, MacKenzie 14-2-2014

Signed Off On: Feb 14, 2014 4:21 PM
Signed Off By:
Provider: MacKenzie, Shona



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 | **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 | **Visit Date: Friday March 07, 2014**

Reason for Visit:

Code	Description	Status	Comments
10037	Visit for Advice on Community Resources	Acute	
164	Request for Administrative Procedure / Form	Acute	

Subjective/Objective

Discussed with patient what he needs. He is requesting that Dr. Kussin write a letter summarizing case notes, for the Legal Aid people. He expresses frustration that the letter has not been written yet. He says the case notes have been submitted, but that Legal AId is requesting a letter usmmarizing the notes. I will send note to Dr. Kussin about this.

Clinical Notes

Services and Languages Provided **Updated By:(Arno Lowi**

Services and Languages Provided

English: Yes

Counseling

Discussion:

Assessments	Status	Comments	Updated By
164-Request for Administrative Procedure / Form	Acute		Arno, Lowi 10-3-2014
10037-Visit for Advice on Community Resources	Acute		Arno, Lowi 10-3-2014

Signed Off On: Mar 10, 2014 9:20 AM
Signed Off By:
Provider: Lowi, Arno

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Friday March 14, 2014**

Reason for Visit:

Code - Description	Status Comments	
236 - Visit for Therapeutic Counselling / Listening	Acute	X
10037 - Visit for Advice on Community Resources	Acute	X
5122 - Anxiety	Acute	X

Subjective/Objective

Continued counselling around his anxiety and grounding strategies, including checking in on his writing and future thoughts on it as it seemed to give him a sense of purpose
Checked in on thoughts around ODSP application
He continued saying he was working from the angle that he would have to make it work on OW alone and I thought that was a good train of thinking, and encouraged it
Suggested again that even if he were to accept interim funds, that he live as if he was on OW and only spend that much, thereby saving the extra money
That way, should he be denied and a small portion of his income were to be cut to pay it back, he's still have some savings to fall back on and if he were approved he had a little nest egg
He liked that idea a lot and confirmed that it was his continued plan to remain grounded and alleviate anxiety
Chatted a bit about various literary figures and his PhD work
Also said that I was available to accompany him to the STB when his hearing came up and he thanked me for that, saying he would continue being in touch re: that

Clinical Notes

Services and Languages Provided **Updated By:(Sriram Ananth**

Services and Languages Provided

English: Yes

Allied Health Codes

Basic Support; Health Advice/instructions; Recommendation/Assistance; Advocacy;

Consultation/Referral Codes

Case management/Coordination;

Counseling

Counseling;

Assessments	Status	Comments	Updated By
5122-Anxiety	Acute		Sriram, Ananth 27-3-2014
10037-Visit for Advice on Community Resources	Acute		Sriram, Ananth 27-3-2014
236-Visit for Therapeutic Counselling / Listening	Acute		Sriram, Ananth 27-3-2014

Signed Off On: Mar 27, 2014 4:13 PM
Signed Off By:
Provider: Ananth, Sriram

PARKDALE COMMUNITY LEGAL SERVICES

CONSENT TO RELEASE INFORMATION – GENERAL

TO: DR. KUSSIN

FROM: PCLS

RE: JON THOMAS ROWLAND

I, JON THOMAS ROWLAND (FULL NAME OF INDIVIDUAL) also known as ______ (ALIAS OR NICKNAME)

of (FULL ADDRESS): 14 - 1501 QUEEN ST. W

TORONTO, ON M6R 1A3

hereby consent, authorize, direct and instruct you to release to

Parkdale Community Legal Services
Attention: ______
1266 Queen Street West
Toronto, ON M6K 1L3

all reports, records, documents and information that may be pertinent or relevant to the above matter a requested by my representatives Parkdale Community Legal Services Inc. and this shall be your good an sufficient authority to do so.

[signature] (SIGNATURE OF WITNESS OR TRANSLATOR)

Jon T. Rowland (SIGNATURE OF INDIVIDUAL GIVING CONSENT)

FEBRUARY 20, 2014 (DATE)

______ FILE NUMBERS (if known)

Parkdale Community Health Centre

NAME Jon Rowland.

D.O.B. .... PAGE ....

Ontario's Community Health Centres
Every One Matters.

PROGRESS NOTES

DATE	PROB. #	S.O.A.P. NOTES
May	1/14	Has now been regularly taking sertraline 50 mg q am. He has no side effects. His sleep is somewhat better. Objectively he seems somewhat less anxious but still moderately so. The letters have been sent. He agrees to an ↑ to 75 mg. Given a Rx for sertraline 25 mg 3 tabs od 1 month 1 R.

D. Russin



Parkdale Community Health Centre

NAME Jon Rowland.

D.O.B. .... PAGE ....

Ontario's Community Health Centres
Every One Matters.

PROGRESS NOTES

DATE	PROB. #	S.O.A.P. NOTES
March	27/14.	
		- Had difficulty continuing c̄ seroquel after 2 days because of his fear.
		He will stay at 125 mg dose for a month.
		- Wrote a letter supporting his ODSP appeal
		He remains quite anxious. not suicidal.
		[signature]



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019

Visit Date: Tuesday March 18, 2014

Reason for Visit:

Code - Description	Status Comments	
164 - Request for Administrative Procedure / Form		X

Subjective/Objective

ODSP letter witten

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Allied Health Codes

Advocacy;

Consultation/Referral Codes

Client care written correspondence;

Assessments	Status	Comments	Updated By
164-Request for Administrative Procedure / Form			Shona, MacKenzie 18-3-2014

Signed Off On: Mar 18, 2014 5:07 PM
Signed Off By:
Provider: MacKenzie, Shona


HEALTH EQUITY HERE
TRANSFORMING LIVE ONES
COZY UP!
sCAMH McCAIN
BRAIN
REAKTHROUGH!
SALT
Sea Sickness
WARNING: $200,000,000

Parkdale Community Health Centre

NAME Jon Rouland

D.O.B. .... PAGE ....

Ontario's Community Health Centres
Every One Matters.

PROGRESS NOTES

DATE	PROB. #	S.O.A.P. NOTES
March 27/14.		- Had difficulty continuing c̄ [illegible] after 2 days because of his fear.
		+ He will retry it first at 12.5 mg dose for a month.
		- Wrote a letter supporting his ODSP appeal
		He remains quite anxious, not suicidal.
		[signature]



Parkdale Community Health Centre

Main Office
1229 Queen Street West
Toronto, ON M6K 1L2
Tel 416.537.2455
Fax (Admin.) 416.537.5133
Fax (Clinical) 416.537.3526

Satellite Office
27 Roncesvalles Avenue
Suites 301 & 503
Toronto, ON M6R 3B2
Tel 416.537.8222
Fax 416.537.7714

www.pchc.on.ca

March 27, 2014

To Whom It May Concern.

Re : Jon Rowland

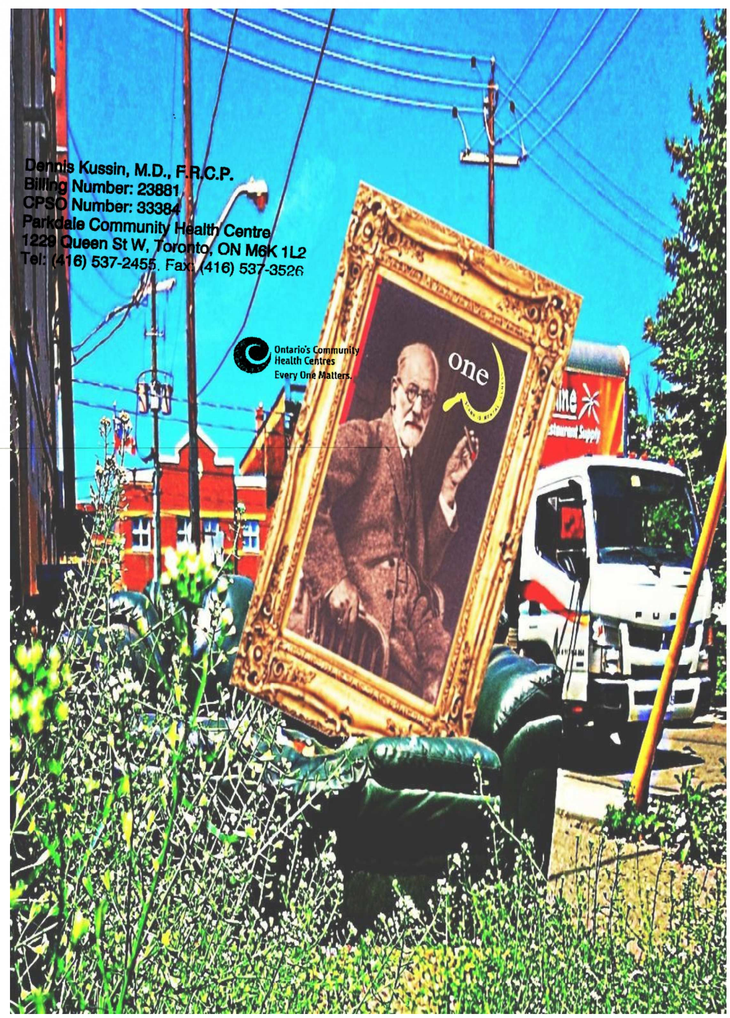
I am writing in support of Mr. Rowland's appeal to have his ODSP re-instated. I first saw him on February 6, 2014 for a psychiatric assessment and again on March 27,2014 for a follow up. He has a long standing diagnosis of General Anxiety Disorder. He tends to experience constant anxiety with a feeling of impending doom, fears of death, suicidal ideation at times, insomnia, poor appetite and social isolation. These symptoms have been present for a number of years and have been exacerbated by this ODSP review. His symptoms clearly affect his ADLS and general functioning. They have been present for many years and are likely to continue. He is unable to work. He is quite afraid of medication but is currently trying a low dose of sertraline to see if it can help with the intensity of his anxiety. In my view he is significantly disabled by his illness and warrants ODSP.

for at least a year or more. D.K.

Sincerely,

D.J Kussin

Dr. J. Kussin
Psychiatrist



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Thursday March 27, 2014**

Reason for Visit:

Code - Description	Status	Comments	
5644 - Generalized Anxiety Disorder	Chronic		X

Subjective/Objective

Clinical Notes

Services and Languages Provided **Updated By:(Dennis Kussin**

Services and Languages Provided

English: Yes

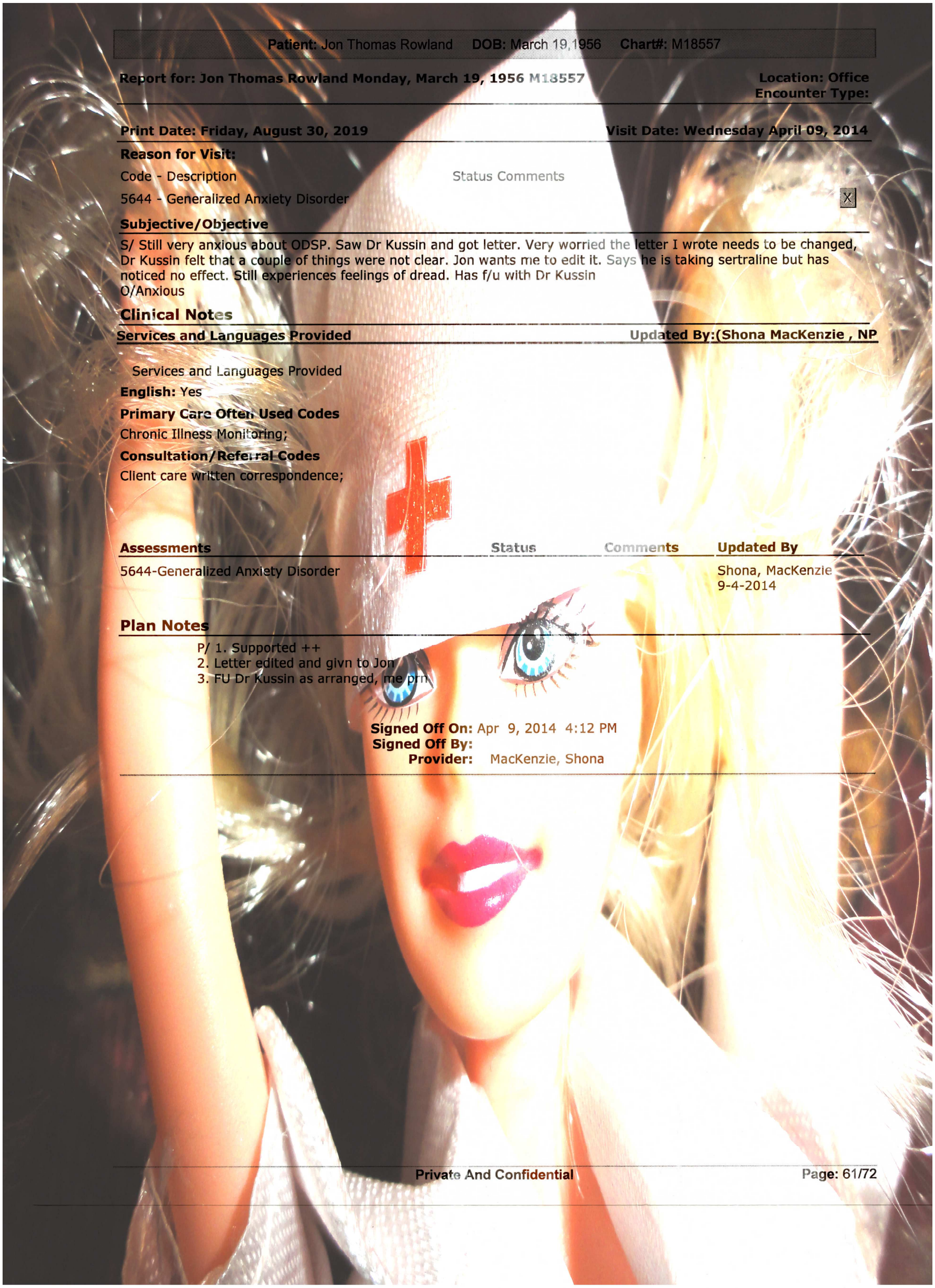
Primary Care Often Used Codes

Forms Completion;

Counseling

Mental health care;

Signed Off On: Mar 27, 2014 11:16 AM
Signed Off By:
Provider: Kussin, Dennis



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday April 09, 2014**

Reason for Visit:

Code - Description	Status Comments	
5644 - Generalized Anxiety Disorder		X

Subjective/Objective

S/ Still very anxious about ODSP. Saw Dr Kussin and got letter. Very worried the letter I wrote needs to be changed, Dr Kussin felt that a couple of things were not clear. Jon wants me to edit it. Says he is taking sertraline but has noticed no effect. Still experiences feelings of dread. Has f/u with Dr Kussin
O/Anxious

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Chronic Illness Monitoring;

Consultation/Referral Codes

Client care written correspondence;

Assessments	Status	Comments	Updated By
5644-Generalized Anxiety Disorder			Shona, MacKenzie 9-4-2014

Plan Notes

P/ 1. Supported ++
2. Letter edited and givn to Jon
3. FU Dr Kussin as arranged, me prn

Signed Off On: Apr 9, 2014 4:12 PM
Signed Off By:
Provider: MacKenzie, Shona

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday April 16, 2014**

Reason for Visit:

Code - Description	Status	Comments
236 - Visit for Therapeutic Counselling / Listening	Acute	
5122 - Anxiety	Acute	

Subjective/Objective

Met Jon for a counselling session
Had a lengthy session around his anxiety and continuing the strategies we had discussed earlier in keeping his anxiety at bay
Encouraged him around his writing and intellectual activities as a way of grounding him
Spoke at length about his troubles with academia and also some of the homophobia he faced
Counselled around stress-management and taking steps to renewing life purpose

Clinical Notes

Services and Languages Provided **Updated By:(Sriram Ananth**

Services and Languages Provided

English: Yes

Allied Health Codes

Basic Support; Complementary interventions; Health Advice/instructions; Recommendation/Assistance;

Counseling

Counseling;

Assessments	Status	Comments	Updated By
5122-Anxiety	Acute		Sriram, Ananth 16-4-2014
236-Visit for Therapeutic Counselling / Listening	Acute		Sriram, Ananth 16-4-2014

Signed Off On: May 1, 2014 1:36 PM
Signed Off By:
Provider: Ananth, Sriram

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Thursday May 01, 2014**

Reason for Visit:

Code - Description	Status	Comments
5644 - Generalized Anxiety Disorder	Chronic	

Subjective/Objective

Clinical Notes

Services and Languages Provided **Updated By:(Dennis Kussin**

Services and Languages Provided

English: Yes

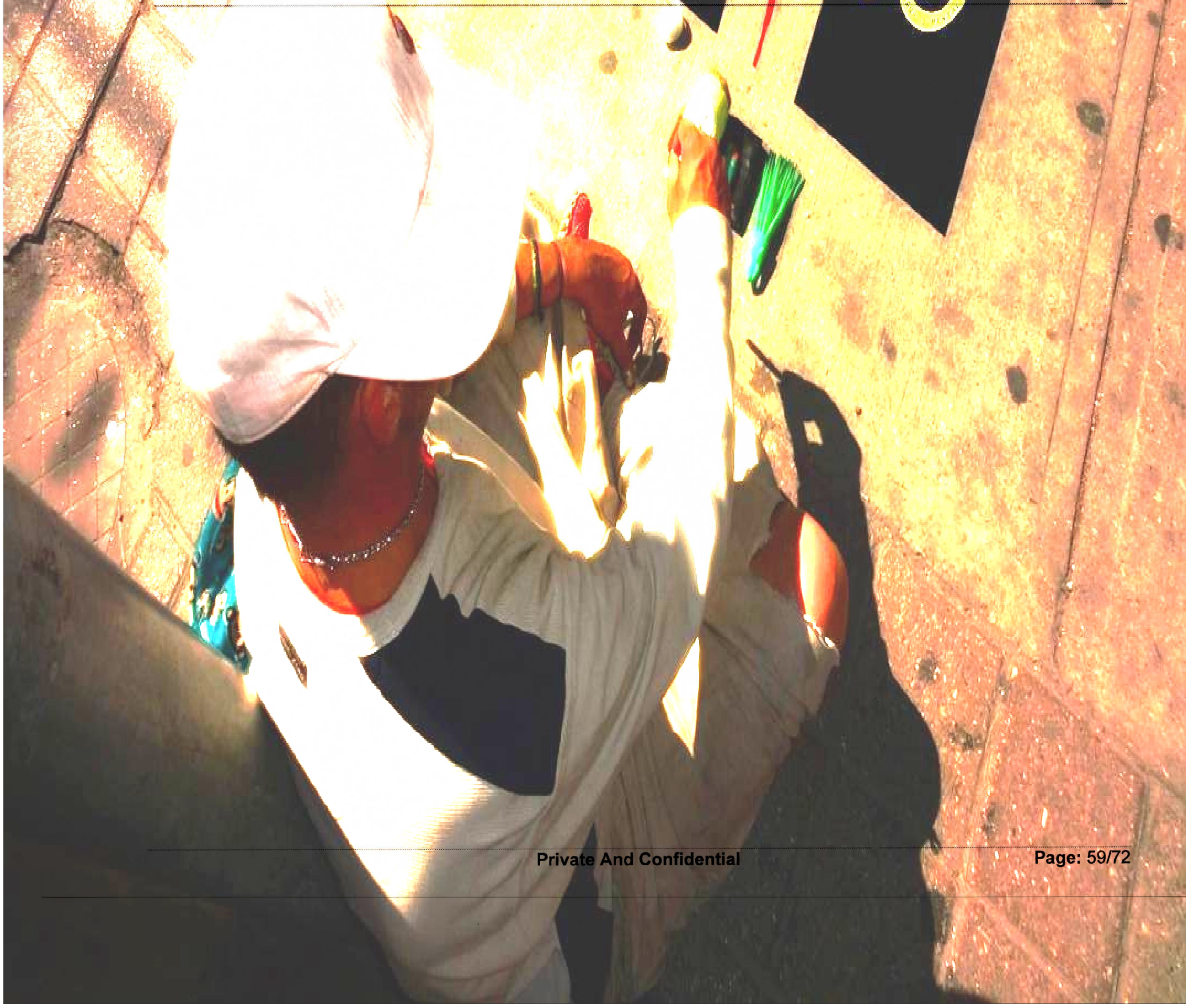
Primary Care Often Used Codes

Medication prescription;

Counseling

Counseling;

Signed Off On: May 1, 2014 11:18 AM
Signed Off By:
Provider: Kussin, Dennis



Patient: Jon Thomas Rowland **DOB:** March 19,1956 **Chart#:** M18557

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday May 07, 2014**

Reason for Visit:

Code - Description	Status Comments	
236 - Visit for Therapeutic Counselling / Listening		X

Subjective/Objective

S/ In for regular follow up. Feeling OK, still waves of anxiety about situation but overall feels he has done what he can with ODSP. Issue occurring with previous landlady who wants him to help her with difficult tenants. He is finding this triggering
O/NAD

Clinical Notes

Services and Languages Provided **Updated By: Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Chronic Illness Monitoring; Medication renewal;

Counseling

Counseling;

Assessments	Status	Comments	Updated By
236-Visit for Therapeutic Counselling / Listening			Shona, MacKenzie 8-5-2014
174-Visit for Prescription Renewal			Shona, MacKenzie 8-5-2014
5644-Generalized Anxiety Disorder			Shona, MacKenzie 8-5-2014

Prescriptions

Rx#: 1415 **Ranitidine 150 mg tablet**	**1** Tab(s) PO **BID** for 30 Day(s),	2 Refills
Rx#: 1415 **rosuvastatin 5 mg**	**1** Tab(s) PO **daily** for 30 Day(s),	2 Refills

Laboratory Requisitions

Requisitions	Laboratory	Tests	Updated By
Laboratory :	CML		MacKenzie, Shona 5-7-2014

Plan Notes

P/ 1. meds renewed as charted
2. Supportive listening and also congratulated on progress he has made, improvement in coping skills and openness to receiving help and support from those within "the system", advised he does not need to help landlady, she has other resources
3. FU with me after next visit with Dr Kussin, before prn

Signed Off On: May 8, 2014 5:00 PM
Signed Off By:
Provider: MacKenzie, Shona

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday May 13, 2014**

Reason for Visit:

Code - Description	Status	Comments
236 - Visit for Therapeutic Counselling / Listening	Acute	

Subjective/Objective

Continued counselling around his anxiety and grounding strategies, including checking in on his writing and future thoughts on it as it seemed to give him a sense of purpose
Checked in on thoughts around ODSP application
He continued saying he was working from the angle that he would have to make it work on OW alone and I thought that was a good train of thinking, and encouraged it

Clinical Notes

Services and Languages Provided **Updated By:(Sriram Ananth**

Services and Languages Provided

English: Yes

Allied Health Codes

Basic Support; Health Advice/instructions; Recommendation/Assistance;

Counseling

Mental health care; Counseling;

Assessments	Status	Comments	Updated By
236-Visit for Therapeutic Counselling / Listening	Acute		Sriram, Ananth 14-5-2014

Signed Off On: May 29, 2014 3:41 PM
Signed Off By:
Provider: Ananth, Sriram

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Other**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Friday May 16, 2014**

Reason for Visit:

Code - Description	Status Comments	
5644 - Generalized Anxiety Disorder		X

Subjective/Objective

E-mail correspondence as below
Hi Jon,
I did receive the e-mail, I was off yesterday and catching up today so have not had time to get back to you, apologies. I am not ignoring your concerns but wanted to respond when I had a little more time. As you noted I was a little rushed last time we might and I appreciate that is not ideal.
I will actually put a copy of the e-mail in your chart. I always do document our correspondence in the chart and often put a copy of e-mails in there.
I will respond in more detail next week.
Shona

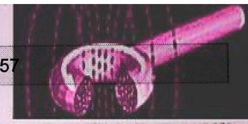
From: jonrowland7@yahoo.com [mailto:jonrowland7@yahoo.com]
Sent: May-16-14 2:00 PM
To: Shona MacKenzie
Subject: Fw: A follow-up concerning the meds, etc

Hi Shona. I'd appreciate it if you could confirm that you got my message, that my feelings about the way I am - especially the way my medication affects me (or does not) - will not be ignored and have been documented in my file. I feel that there has been no positive improvement since starting the sertraline, and that my symptoms are slightly worse since upping the dosage from 50 to 75 milligrams. These symptoms include the usual anxiety with feelings of dread associated with the ideas you know about, insomnia, slight headache, and slight though constant nausea which leads to vomiting whenever there is a new stressor. I hope you appreciate that I don't want these symptoms glossed over or ignored, since that could lead to Dr. Kussin pressuring (however nicely) to increase the dosage. I will however remain on the increased dosage for now, provided nothing gets significantly worse. All I want is to be sure that this has been documented in my file - and I'm concerned because Dr. Kussin didn't seem to have noted what I'd said to him and you seemed somewhat rushed during our visit and didn't seem to have my file handy.
OK?
Jon Rowland
Sent from Yahoo Mail on Android

From: jonrowland7@yahoo.com ;
To: Shona MacKenzie ;
Subject: A follow-up concerning the meds, etc
Sent: Tue, May 13, 2014 9:54:30 PM

Hi Shona. When I saw you last week you were running somewhat late, so I wanted to make sure you'd documented that I felt there'd been no change in my symptoms – principally anxiety, insomnia, frequent though mild head-aches, and nausea. I thought this was important, especially as I feel these have grown slightly worse this week. This could be due to thoughts related to ODSP, which have naturally been more present lately because of the early adjudication, but it could also be side-effects of the sertraline (which I agreed to increase to 75 milligrams after my last visit with Dr. Kussin).
I also want to mention to you, since you are my principal care-provider, that during my last visit with Dr. Kussin I told him that the only change I'd noted was possibly a slight improvement in getting to sleep. The anxiety and nausea etc remained the same. I had in fact been ill that morning, mainly because of that "stressor" I told you about. Perhaps Dr. Kussin didn't get it, or perhaps I wasn't clear enough – we did in fact talk about quite a number of things, including a number of players in the mental health field, whom we know (and probably share mixed feelings about). All that notwithstanding, I consider his phrase "objectively somewhat better" somewhat disingenuous. If he thinks so, he should say that, and not attempt to disguise what is after all an opinion as anything more than that – especially concerning something like "mental illness." I think he does have a bias in favor of meds, which has expressed itself - but "post hoc ergo propter hoc" is a fallacy. I will probably take this up with him at our next meeting. It is for me to tell you (meaning all of my "care-givers") how I feel I am, not vice versa - and, again, I believe this is especially the case (pun intended) with "mental illness." I will take this up with Dr. Kussin myself, the next time I see him.
So, for the record and in brief, anxiety is not reduced, and sleep is somewhat worse, after increasing the sertraline to 75 milligrams. I will continue the dosage however, to really give it a chance - and to be "cooperative." I don't dislike Dr. Kussin - but he clearly has a bias in favor of his meds. So be it, but he should not attempt to disguise it as anything else, especially when presented with differing and, I would say, somewhat "privileged" information. I want to be sure that this information - how I feel I am - is in my file.

"Sugar Coated" rTMS



I hope your "compliance talk" went well, albeit ironic in the context.
And hope this has been "entendu" - as the French say.
Regards,
Jon

Sent from Yahoo Mail on Android

Clinical Notes

Services and Languages Provided **Updated By:(**

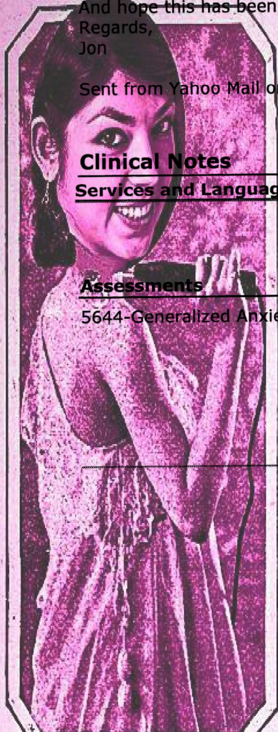
Assessments **Status** **Comments** **Updated By**

5644-Generalized Anxiety Disorder. Shona, MacKenzie 16-5-2014

Signed Off On: May. 16, 2014 5:09 PM
Signed Off By:
Provider: MacKenzie, Shona

Builds Strength and Health

Absolutely shockless and painless, overcomes nervousness, banishes aches and pains, renews the vigor of youth and builds healthy, well-developed bodies



Faranak "Faraday" Farzan

"Should be one in every home!"

Thousands of volts of stimulating, up-building, high frequency electricity—as painless and pleasant as a ray of sunshine—can be sprayed into any weak, diseased or under-developed part of your body. Instantly you will feel its healing, strengthening, tonic effect. You will feel the warm, fresh blood surge to the treated part, bringing with it the tissue-building and disease-fighting forces that Nature provides. Poisons and diseased tissues will be washed away, pains and inflammations relieved and the part treated will be nourished and strengthened. It literally helps Nature *build new BRAINS!*

The TEMERTY BRAIN STIMULATION PORTA-ZAPPER!

makes it possible for you to secure the benefits of this wonderful treatment at home. The simple, durable and efficient Portazap Generator takes current from your light socket and transforms it into the life-giving, health-building rTMS Ray, that penetrates and saturates the entire body. It increases the oxygen content of the blood, increases the number of germ-fighting white corpuscles and sends the blood coursing throughout the body with renewed vigor. It aids the digestive process and the assimilation of food. It helps Nature throw off waste products and poisons. It stimulates every organ to healthy, normal activity.



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"Have found it most beneficial in treatment of Nervous Exhaustion, Indigestion, Neuralgia, Insomnia, Boils, etc."

"Am treating about 30 patients daily and haven't failed to get results in a single case."

"I am now entirely relieved of the acne."

"It is helping my back very much."

"I have cured a lame knee that has bothered me for two years."

"My hair has entirely stopped falling out."

"I am entirely cured of a goitre since using your Model C Generator."

"It has helped me so much that I have stopped wearing glasses after wearing them 15 years."

"In the treatment of eczema am

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CEO Catherine Zahn

The $CAMH Electric Co.

Patient: Jon Thomas Rowland **DOB:** March 19,1956 **Chart#:** M18557

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Home Visit**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday May 20, 2014**

Reason for Visit:

Code - Description	Status Comments
5122 - Anxiety	☒

Subjective/Objective

Correspondence as below:

I understand you do not want to demonize Dr Kussin. If you need to go back to 50mg sertraline to see if that makes a difference then you should do it, you don't have to wait until you see him to do so, just let him know when you are in.

May is a hard month for you I think, mental health week was just a couple of weeks ago and I know that is triggering for you.
Shona

From: jon rowland [mailto:jonrowland7@yahoo.com]
Sent: May-17-14 3:56 PM
To: Shona MacKenzie
Subject: Re: RE: A follow-up concerning the meds, etc

Thanks, Shona. I don't, by the way, mean to say that mine is the only input that matters - or I that Dr. Kussin hasn't a right to his. But I bristle at characterizing that as objective when it concerns the state of someone else's mind - especially my own. Also, and I realize this is probably a factor, this hasn't been a good week for me. This could be due to the increased dose of sertraline - this might account for slightly greater problems with nausea - and increased difficulty sleeping, but I don't know for sure. I am giving it the benefit of the doubt, though I might have to go back to 50milligrams, at which I didn't seem to be experiences ng anything serious - maybe a little fatigue - but at least I was sleeping better. If I do decide I should reduce the dosage, I will certainly let Dr Kussin know first.
I hope you appreciate that I don't wish to demonize Dr Kussin at all. I think he might have expressed a bias, but I also realize he sincerely believes his meds are beneficial - and he's trying to help. And I know I'm extremely sensitive about everything to do with psychiatry.
Thanks for getting back to me, and I appreciate my input being documented.
Regards,
Jon
Sent from Yahoo Mail on Android

Clinical Notes

Services and Languages Provided **Updated By:(**

Assessments	Status	Comments	Updated By
5122-Anxiety			Shona, MacKenzie 20-5-2014

Signed Off On: May 20, 2014 9:49 AM
Signed Off By:
Provider: MacKenzie, Shona





"Sugar-Coated" rTMS
Builds Strength and Health
$CAMH and DENTSUbos' FASCIST Media NAZIS!
Absolutely shockless and painless, overcomes nervousness, banishes aches and pains, renews the vigor of youth and builds healthy, well-developed bodies
Thousands of volts of stimulating, up-building, high frequency electricity—as painless and pleasant as a ray of sunshine—can be sprayed into any weak, diseased or under-developed part of your body. Instantly you will feel its healing, strengthening, tonic effect. You will feel the warm fresh blood rush to the treated part, bringing with it the tissue-building and disease-fighting forces that Nature provides. Poisons and diseased tissues will be washed away, pains and inflammations relieved, and the part treated will be nourished and strengthened. It literally helps Nature build new BRAINS!
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Get the genuine and be sure of maximum benefits.
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Depression
Nervousness
Neuralgia
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Sciatica
Headaches
Anaemia
Insomnia
Brain-fag
Neuritis
Paralysis
Lumbago
Inflammations
Eczema
Skin Diseases
Falling Hair
More than fifty other disorders.
CEO Catherine Zahn
camh

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Home Visit**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday May 20, 2014**

Reason for Visit:

Code - Description	Status Comments
5122 - Anxiety	

Subjective/Objective

Correspondence as below:

I understand you do not want to demonize Dr Kussin. If you need to go back to 50mg sertraline to see if that makes a difference then you should do it, you don't have to wait until you see him to do so, just let him know when you are in.

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Shona

From: jon rowland [mailto:jonrowland7@yahoo.com]
Sent: May-17-14 3:56 PM
To: Shona MacKenzie
Subject: Re: RE: A follow-up concerning the meds, etc

Thanks, Shona. I don't, by the way, mean to say that mine is the only input that matters - or I that Dr. Kussin hasn't a right to his. But I bristle at characterizing that as objective when it concerns the state of someone else's mind - especially my own. Also, and I realize this is probably a factor, this hasn't been a good week for me. This could be due to the increased dose of sertraline - this might account for slightly greater problems with nausea - and increased difficulty sleeping, but I don't know for sure. I am giving it the benefit of the doubt, though I might have to go back to 50milligrams, at which I didn't seem to be experiences ng anything serious - maybe a little fatigue - but at least I was sleeping better. If I do decide I should reduce the dosage, I will certainly let Dr Kussin know first.
I hope you appreciate that I don't wish to demonize Dr Kussin at all. I think he might have expressed a bias, but I also realize he sincerely believes his meds are beneficial - and he's trying to help. And I know I'm extremely sensitive about everything to do with psychiatry.
Thanks for getting back to me, and I appreciate my input being documented.
Regards,
Jon
Sent from Yahoo Mail on Android

Clinical Notes

Services and Languages Provided **Updated By:(**

Assessments	Status	Comments	Updated By
5122-Anxiety			Shona, MacKenzie 20-5-2014

Signed Off On: May 20, 2014 9:49 AM
Signed Off By:
Provider: MacKenzie, Shona

$CAMH and DENIALbos - FASCISTS! Media NAZIS!

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Other**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Friday May 30, 2014**

Reason for Visit:

Code - Description	Status Comments	
5644 - Generalized Anxiety Disorder		X

Subjective/Objective

May 30th
I've prepared a letter for my landlord regarding his "activities" and some other long-standing troubles where I live. I thought you might like to take a look, since it accurately describes some of the disturbing things I've been experiencing where I live. I don't think you're really aware of this situation. You probably should be. It's a very "neighborhood" situation which affects not only myself.
I haven't sent the letter yet, but will if things get any worse. Or perhaps will, anyway - since it might forestall some of the things the landlord and the "super" are trying to do.
So, for your information....

RegaNorthwood Construction / Queen Street 1501 Inc
Fax: 905-426-9302
Re: Thomas Bonk's "manipulations" at 1501 Queen Street West

Dear Mr. Fazzari

On the evening of May 22, your superintendent Tom Bonk invited me downstairs to discuss some cameras with Madeline (his daughter) that I had offered to give to Madeline for free. Madeline – whom I have helped a great deal over the past couple of years, getting her cameras, a phone, jewelry (for her courses at OCAD), stereo equipment, props for her videos, and even a place to live (with my former landlady, over on King Street). Madeline however was very rude to me, not unlike her father at times. She shouted at me that she didn't want to bother, that she didn't know anything at all about cameras and wasn't "into" photography – although I had spent hours negotiating on her behalf with Mrs.Wolfson, the owner of Henry's Camera Shop, and had given her all kinds of camera equipment – a tripod, negatives, old cameras, etc.

Tom was having trouble dealing with his daughter. I asked her why she had got all kinds of camera stuff from me, and why I had negotiated for her with Mrs. Wolfson, if she wasn't "into" cameras. She didn't answer. I considered her behavior very rude and spoiled, and told her so. She totally ignored me. I heard her say to Tom she would never speak to him again. On my way out I told Tom not to worry, she'd be back as soon as she needed another handout, because I knew that she didn't always pay him for the equipment she got and Tom was on ODSP – and I told him I thought she was being a bitch. Then I left. Please note that I did not want to be there in the first place, but was called down by Tom (I still have the message on my phone). I was already very tired, and as Tom well knows, I have lately been coping with anxiety issues and seeing a psychiatrist, and should not be disturbed. I subsequently donated the cameras, which Madeline so rudely rejected, to the Salvation Army.

I think part of the problem with Tom might be that he never explained to Madeline all that he had had me do for her, and was consequently embarrassed. On Tuesday I passed Tom on the street with his "girlfriend" from 34. I said hello, and he rudely snubbed me. Tom should be polite to ALL the tenants EQUALLY, but this is typical. Tom manipulates and provokes people, then plays the victim. He shows little understanding or empathy, and he does not take responsibility.

I have curtailed my activities with Tom considerably, to avoid provocations which frankly I consider are always instigated by him. I occasionally accompany Tom to his job at Ken Eyre's property over on Markham – at his occasion – and that is all. He provokes people, and obviously feels he has a motive to do so – then when they react, he does his best to get them in trouble. While this episode was regrettable, I feel I have done nothing wrong – and have indeed been doing Madeline a lot of good, as I have been Tom – and see that as with him, it is not appreciated. I have even cleaned your brother's room for him when he was out, and kept "back-up" dosettes of his meds, in case of emergency. I recently helped Andrew, and tried to help Lorne as well.

Regarding your brother, a few months ago I caught him tampering with the lock of the front door which had recently been repaired. He was stuffing paper in the lock, to defeat the mechanism – apparently because he doesn't like to take his keys with him. I asked him to promise not to do this in the future, but he refused – and made stupid comments about my mother and called me a prick. I did NOT complain to you about this at the time, and I am not complaining now. I am merely stating it because, shortly afterwards, Tom took back Luigi's spare dosette from me, so I trust this episode was also misrepresented to you. At least there has been no more tampering with the door.

I am aware that besides your brother, you are also installing your children here in order to evict long-time tenants. Tom has gloated about a "hit-list" of tenants he intends to get rid of this way. I think all of this is underhand, and disturbing. I realize that this is another of Thomas Bonk's initiatives. I think it shows very poor judgment, especially

to brag about it as he does.

I will curtail ALL of my personal activities, not just with Tom, but also with his children and, if he invites me to his place for something personal – as he did last Thursday - I will decline the invitation, since it could obviously – almost certainly - be an occasion for grief.

Please note, that I have tried NOT to be involved with Tom Bonk – he has always been the initiator, and in most cases the provoker too. Please also note that I have tried to be forbearing in these matters. Not long ago his son Andrew was cleaning here, and threatened suicide in front of me. I took the matter up with Tom, and the next day when I passed Andrew on the street he started shouting at me. As with Luigi, and some other unpleasant incidents I won't go into, I said nothing about this at the time. It seems my tolerance is not reciprocated. It would be better, if it were.

All I really require from you for my rent is a secure place to live in, and a receipt for my worker. I haven't felt comfortable here for some time, mainly because of Tom Bonk and his shenanigans (dating back to Granozio, etc), some of which you know about. I would appreciate it if Tom Bonk did not initiate anything personal with me in the future, as I know from experience that he will only exploit it and misrepresent it.

I realize that I will also have to resist him better if he DOES try to initiate something in the future, and I realize that I have NOT been very good at saying NO to him. I assure you I will do better.

Sincerely,

Jon Rowland

P.S. I have attached a copy of Tom's request for me to show Madeline the cameras. The other message concerns some beer Tom got from me for an alcoholic who lives in the building. Of course, Tom still hasn't paid for it.
rds,

May 29th
Thanks for getting back to me, Shona. No, I certainly don't need this. I've already scheduled an appointment with Sri next Thursday, and one a week is still a lot for me - I haven't touched base with Sri for a while, so I thought I should anyway. There probably isn't much anyone can do I anyway. I still haven't heard anything regarding this early adjudication, too. The situation in my building has been a cause if stress for some time. It really is pretty disgusting. I know from the "supper" that when Fazzari took over, nearly the first thing he wanted him to do was identify all the mentally ill / OW / and ODSP cases. Nearly the next thing Cesare Fazzari did was install his brother, Luigi, in one of the crummier apartments. Luigi is severely schizophrenic - I know, because with my experience I was for a time the emergency backup for his meds. I saw his dosette. Perhaps a worse sickness is in the "well" brother's mind - really a "broken" mind, in so far as he wants to evict all the "schizophrenics" except his own - not understanding that he isn't the only man in the world with a schizophrenic "brother." It's really a "schizophrenic" situation, "schizophrenic" milieu all around.
I have been quite upset for ten days or so anyway. I've been letting off steam in some of my videos, which I don't recommend to anyone - but it's somehow a release for me, a relief, a lot like shouting - only at least nobody has to listen.
I know I get this way during stupid "mental health" month, but I think besides that "trigger" there's probably something cyclical going on, maybe to do with spring - maybe something bipolar or manic. I know I get extremely wired at certain times of the year. I can be creative at such times, but also very angry - and I think it's fair to say that in my "Parkdale" world, I have things to be angry about.
Anyway, I'll see Sri next Thursday as scheduled and maybe schedule a visit with you sometime in the week after that - or at least update you about how things are.
I'd really like to move - but I just don't know of any place to move to right now, and things are (as you know) skirt of up in the air right now.
I'll be in touch, and thanks again for getting back to me - and for documenting my last email, and this one too - if you like, if you think it contains any information that might might be pertinent. It probably does.
Have a good weekend, once you get to it.
Regards,
Jon Rowland

May 28th
Hi Shona. I thought you might be interested in some of this material, which I've recently added to the Internet Archive. If you read anything, I think you should read The Support Worker, since I doubt that anyone can really understand the issues of compliance in a group home who hasn't worked in one. Telling some relief worker that he doesn't have to "make" anyone take his meds is ridiculous, because if he doesn't somehow enforce compliance he will just be fired - and there are many ways of enforcing compliance short of physical assault. Anyway, I think you should at least take a look. ThevPDF file is also searchable, for your convenience.
I'm not feeling very well, generally pretty agitated and anxious, with the other symptoms about the same - constant



slight nausea, indigestion, frequent headaches, trouble sleeping.
There have been some developments where I live which makes things worse. The superintendent is Tom Bonk. He and the landlord, Cesare Fazzari, are trying to get rid of the long-term tenants by evicting them and installing Fazzari's kids in their units. I gather there's some legal loophole which allows them to do this. I'm a long-term tenant, so of course it's pretty uncomfortable. The landlord especially wants to get rid of anyone on ODSP or Ontario Works. The superintendent has bragged about his hit-list. I'm sure I'm on it. It's a very toxic environment.
I would appreciate it if you documented this, especially tgevsymptoms so they won't get overlooked next time I visit.
Regards,
Jon Rowland

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Consultation/Referral Codes

Case management/Coordination;

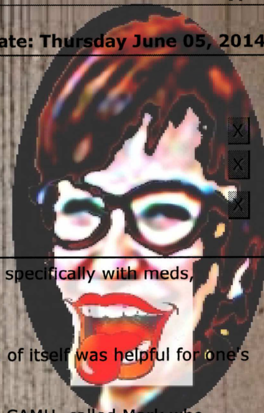
Assessments	Status	Comments	Updated By
5644-Generalized Anxiety Disorder			Shona, MacKenzie 30-5-2014

Signed Off On: May 30, 2014 2:53 PM
Signed Off By:
Provider: MacKenzie, Shona

$CAMH CEO Catherine Zahn
One BRAVE NIGHT....

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Thursday June 05, 2014**



Reason for Visit:

Code - Description	Status Comments
236 - Visit for Therapeutic Counselling / Listening	Acute
5122 - Anxiety	Acute
9069 - Problem with Health Care System / Access / Availability	Acute

Subjective/Objective

Jon vented for a long time around his frustrations with the medical health care system, specifically with meds, compliance etc.
Let him vent and listened to him for a long time
Counselled around stress-mgmt. and taking steps towards dealing with his anxieties
Also suggested that he vent like this on a regular basis since voicing frustrations in and of itself was helpful for one's mental health
Acknowledged his frustrations while counselling around the limitations of the system
He then spoke for a long time about a brief friendship that he struck up with a nurse at CAMH, called Mark who worked at the Archway
From what he described it seemed to be a somewhat unhealthy one with Jon saying that he would buy beer despite being on OW and Mark earning a good salary with CAMH, and that Mark seemed to be primarily in it for beer and company, but Jon wasn't getting as much out of it so it ended
Counselled around finding healthier relationships, but also acknowledged the need to keep trying
Set up appointment for next month

Clinical Notes

Services and Languages Provided **Updated By:(Sriram Ananth**

Services and Languages Provided

English: Yes

Allied Health Codes

Basic Support; Complementary interventions; Health Advice/instructions; Recommendation/Assistance;

Counseling

Mental health care; Counseling;

Assessments	Status	Comments	Updated By
9069-Problem with Health Care System / Access / Availability	Acute		Sriram, Ananth 5-6-2014
5122-Anxiety	Acute		Sriram, Ananth 5-6-2014
236-Visit for Therapeutic Counselling / Listening	Acute		Sriram, Ananth 5-6-2014

Signed Off On: Jun 5, 2014 5:15 PM
Signed Off By:
Provider: Ananth, Sriram

The HARDON CHALLENGE
It takes COURAGE just to ENTER....

$CAMH: World's Biggest SUPERVISED INJECTION SITE!



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday June 18, 2014**

Reason for Visit:

Code - Description	Status	Comments	
236 - Visit for Therapeutic Counselling / Listening	Acute		X
9390 - Problem with Government Disability Pension or Benefits	Acute		X

Subjective/Objective

Jon got ODSP!
He was very relieved and we chatted for a while about next steps etc.

Clinical Notes

Services and Languages Provided **Updated By:(Sriram Ananth**

Services and Languages Provided

English: Yes

Allied Health Codes

Basic Support; Complementary interventions; Health Advice/instructions; Recommendation/Assistance;

Consultation/Referral Codes

Case management/Coordination;

Counseling

Counseling;

Assessments	Status	Comments	Updated By
9390-Problem with Government Disability Pension or Benefits	Acute		Sriram, Ananth 18-6-2014
236-Visit for Therapeutic Counselling / Listening	Acute		Sriram, Ananth 18-6-2014

Signed Off On: Jul 8, 2014 6:40 PM
Signed Off By:
Provider: Ananth, Sriram

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019

Visit Date: Thursday June 19, 2014

Reason for Visit:

Code - Description	Status	Comments
5644 - Generalized Anxiety Disorder	Chronic	X

Subjective/Objective

Clinical Notes

Services and Languages Provided **Updated By:(Dennis Kussin**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Repeated Assesment;

Counseling

Discussion;

Signed Off On: Jun 19, 2014 10:28 AM
Signed Off By:
Provider: Kussin, Dennis



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Monday June 23, 2014**

Reason for Visit:

Code - Description	Status Comments
5122 - Anxiety	

Subjective/Objective

S/ Wants to clarify Dr Kussin's last note - is currently taking 50mg of sertraline and upped it to 75mg for a day, not 25mg as Dr Kussin noted. Feeling a little better since got favourable decision from ODSP, althought still very tense and generally anxious, "wired". Acknowledges the setraline is possible 'taking the edge off' his anxiety. Not sleeping, not interested in meds, says in past running helped, when stressed doesn't run. Thinks he may start again.
Did fasting blood, BS and A1C is OK, but chol high. Admits he stopped crestor a few weeks ago, willing to restart it. Says he has enough for next few weeks.
Still lots of problem in house, super (Tom Bonk) is trying to evict some tenants, Jon has been dealing with PCLS rearding it. Jon is also working with Sri around housing, and is on housing list
O/ Anxious but calmer than previous recent visits

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Discussion regarding the diagnostic findings; Discussion regarding the treatment plan; Health Advice/instructions; Intermediate Assessment;

Counseling

Counseling;

Assessments	Status	Comments	Updated By
5644-Generalized Anxiety Disorder			Shona, MacKenzie 23-6-2014
7122-Hyperlipidemia			Shona, MacKenzie 23-6-2014

Laboratory Requisitions

Requisitions	Laboratory	Tests	Updated By
Laboratory :	**CML**		MacKenzie, Shona 6-23-2014

Plan Notes

P/ 1. All labs reviewed
2. Will restart crestor and repeat blood end Aug (req given)
3. Supportitve counselling
4. FU fall 2014

Signed Off On: Jun 23, 2014 2:03 PM
Signed Off By:
Provider: MacKenzie, Shona

"DON'T WORRY SHE'S ONLY A FACE"

BUT BAD PHARMA CAN LAST A LIFETIME.*

*Which might not be very long.

one

CAMH IS MENTAL ILLNESS

Defeat Denial
Defeat - camh

Boycott ONE BRAVE NIGHT:
For dishonesty, quackery, greed and (perhaps worst of all) STUPIDITY!

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 — **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 — **Visit Date: Thursday August 07, 2014**

Reason for Visit:

Code - Description	Status Comments
174 - Visit for Prescription Renewal	Acute

Subjective/Objective

asked to renew sertraline by pharm - is taking 75mg od, had 30 days supply 29 days ago acc to pharm fax
- see SHona's last note confirming dose (no record of sertraline on EMR med list, prev Rxedby Dr. Kussin, who is away)
- has appt with Dr. Kussin this month
P: Oked repeat x 1 month

Clinical Notes

Services and Languages Provided — **Updated By:(Jill Blakeney , MD**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Medication renewal;

Assessments	Status	Comments	Updated By
174-Visit for Prescription Renewal	Acute		Jill, Blakeney 7-8-2014

Prescriptions

Rx#: 2480 **Sertraline 25 mg capsule** 3 capsules od qam mitte 1 month, Dispense 90 Tab(s)

Signed Off On: Aug 7, 2014 1:03 PM
Signed Off By:
Provider: Blakeney, Jill

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

McCain

Print Date: Friday, August 30, 2019

Visit Date: Monday September 22, 2014

Reason for Visit:

Breakthrough
It's all bad

Code - Description	Status	Comments
174 - Visit for Prescription Renewal		

Subjective/Objective

S/ In for medication renewal. Says taking all meds, has cut back down to sertraline 50mg a day. Experiences some headaches, low level nausea, sometimes more acute, low stamina. Unclear if this is related to meds or anxiety. Has also gained 20lb since last November. Says has FHx thyroid issues.
Mood OK, says the friend he e-mailed me about is not suicidal any more, realizes he cannot "save" him. Still dealing with the aftermath of the stress of ODSP reapplication/appeal.
Needs med renewals
O/ VSS as below, mood anxious but no real change from baseline

$CAMH

Clinical Notes

PALATABLE POISON FOR THE POOR

Services and Languages Provided Updated By:(Shona MacKenzie , NP

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Chronic Illness Monitoring; Discussion regarding the treatment plan; Medication renewal; Repeated Assesment;

Counseling

Counseling;

graph sheet	**Weight:**	229 LBS (103.87 KG)				
graph sheet	**Blood Pressure:**					
		137/90	Sitting	Arm (L)	Adult	*(September 22, 2014)*
Heart Rate:	BPM: 104					

Assessments	Status	Comments	Updated By
6896-Weight Gain			Shona, MacKenzie 22-9-2014
174-Visit for Prescription Renewal			Shona, MacKenzie 22-9-2014
5644-Generalized Anxiety Disorder			Shona, MacKenzie 22-9-2014

Prescriptions

Rx#: 1855 **Ranitidine 150 mg tablet** 1 Tab(s) PO **BID** for 30 Day(s),
Rx#: 1855 **rosuvastatin 5 mg** **1** Tab(s) PO **daily** for 30 Day(s),
Rx#: 1855 **Sertraline 25 mg capsule** 2 capsules od qam mitte 1 month, Dispense 60 Tab(s)

Laboratory Requisitions

Requisitions	Laboratory	Tests	Updated By
Laboratory :	CML		MacKenzie, Shona 9-22-2014

Plan Notes

P/ 1. Req for bloodwork, TSH and CBC, A1C, BS added
2. Supportive listening
3. Meds renewed as charted
4. RTC 4-6 weeks Cpx

DEATH'S LABORATORY

Through Breakthrough, people will avoid the disability and devastation caused by longer term periods of illness. Our emergency department will guide people to the right care more quickly so they can recover sooner, and our patients will be cared for with dignity and respect in the modern spaces they deserve.

So what are they doing NOW?


Patient: Jon Thomas Rowland DOB: March 19,1956 Chart#: M18557
Signed Off On: Sep 22, 2014 11:01 AM
Signed Off By:
Provider: MacKenzie, Shona
Private And Confidential
Page: 43/72

"My breakthrough is a $CAMH that's
building a future in which everyone
BELIEVES that LIFE is WORTH LIVING.
We're COMMITTED (should be!)
to TRANSFORMING mental health
care and creating HOPE -
ACROSS the LIFESPAN (?) and around
the WORLD (Parkdale excluded)."

~ $CAMH CEO Catherine Zahn
On CRACK after some
<u>REALLY</u> GOOD SEX



Parkdale Community Health Centre

NAME Jon Rowland

D.O.B. PAGE

Ontario's Community Health Centres
Every One Matters.

PROGRESS NOTES

DATE	PROB. #	S.O.A.P. NOTES
June 19/14		Has been approved for ODSP! & he is quite grateful. - tried 25 mg sertraline for 1 day & found it too stimulating. Told he could try it again but would need to give it a week to settle. He remains anxious & a worrier.
		D. Kussi

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Other
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Friday October 24, 2014**

Reason for Visit:

Code - Description	Status Comments	
164 - Request for Administrative Procedure / Form		X

Subjective/Objective

Client dropped off diet form to be done - due soon. Done as per scanned copy

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

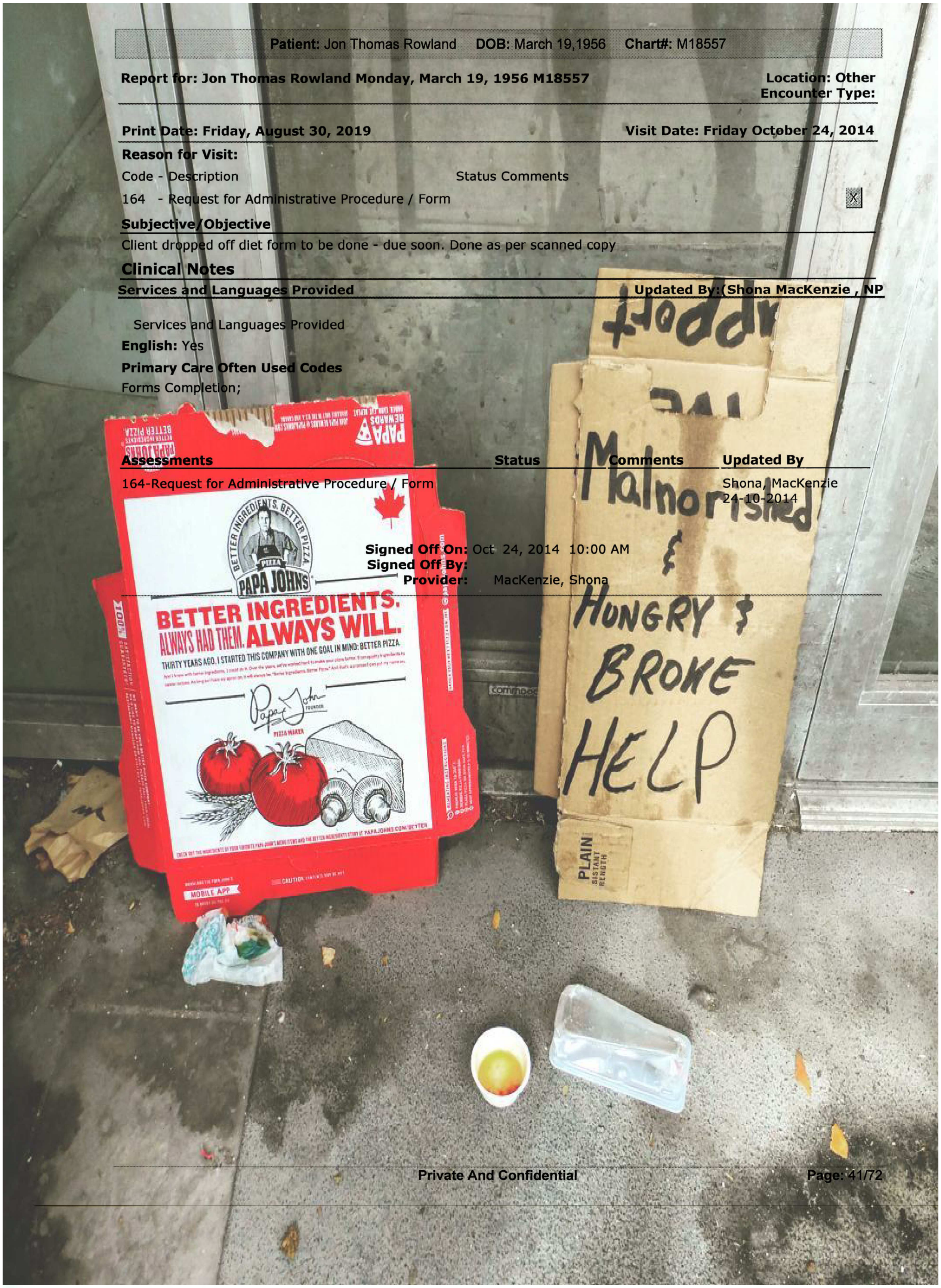
English: Yes

Primary Care Often Used Codes

Forms Completion;

Assessments	Status	Comments	Updated By
164-Request for Administrative Procedure / Form			Shona, MacKenzie 24-10-2014

Signed Off On: Oct 24, 2014 10:00 AM
Signed Off By:
Provider: MacKenzie, Shona



Ontario | Ministry of Community and Social Services | Ontario Disability Support Program | Ontario Works

Instruction Sheet

How to apply for a Special Diet Allowance:

Step 1

Complete section 1.

Step 2

Take the application form to a health care professional to complete.

Only health care professionals who are listed in section 2 of the form can complete it for you.

Step 3

The person applying for the Special Diet Allowance, or someone lawfully authorized to sign on their behalf, for example a trustee, must sign section 4 after the health care professional completes the form.

If the Special Diet Allowance is for a child under 16, then section 4 must be signed by the social assistance applicant/recipient or other individual who is lawfully authorized to sign on behalf of the child, for example the child's parent or guardian.

Important: The application will not be approved if section 4 is not signed.

Step 4

Once the form is completed and signed by both the applicant/recipient and the health care professional, return the original to your local Ontario Works or ODSP office. You can drop it off in person or you can mail it.

Note: Photocopies will not be accepted.

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1 $52.00 from Jun 5 of June — 155

Tim Hortons

It Was Our Pleasure To Serve You
1480 Queen St. West,Toronto, ON
Phone:(416)516-8947
Feedback: timhortons@saisethsons.com

1 Double Espresso	
1 Double Espresso	$1.40
1 Apple Fritter - Donut	$1.40
Subtotal:	$3.79
HST:	$0.00
HST Total:	$0.19
GrandTotal:	$3.98
CASH:	$5.00
Change Due:	$1.02
Rounded Change Due:	$1.00

Take Out # 272 100 Cashier

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com
Mon May 30,2016 10:16:46
Receipt # : 14729392
HST #853179687

Guest Copy

REPRINT RECEIPT

---

nofrills lower food prices

WHY PAY MORE?...SHOP AT
VI'S NO FRILLS

22-DAIRY

06038316690	NO NAME ORANGE J	R	1.77

23-FROZEN

03210002126	S.L. CHEESECAKE	R	5.99
06294200009	CHAP ORG ORANGE	R	2.99

25-DELI

06038312685	DOUBLE CREAM	R	9.97

36-HOME MEAL REPLACEMENT

06038372534	ZIGGY MAC CHS SL	1R	3.77

41-HOME

(3)9 3 @ $0.05	PLASTIC BAGS	HRQ	0.15

SUBTOTAL	24.64
H=HST 13% 0.15 @ 13.000%	0.02
PPD FD1 3.77 @ 5.000%	0.19
TOTAL	24.85
CASH	40.00
CHANGE DUE	15.15

You could have earned 240
PC points with President's Choice
Financial MasterCard. Apply Today
Visit pcfinancial.ca
****
GST # 82768-4435 RT0001
****
VISIT US AT WWW.NOFRILLS.CA
Like us on Facebook:
www.facebook.com/nofrillsCA
Follow us on Twitter: @nofrillsCA
****
THANK YOU, COME AGAIN
Thank You, Come Again !
2016/06/08 13:41
SELVA 419 02 9793
****
TELL US HOW WE DID TODAY!
MONTHLY CHANCES TO WIN $5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
SEE CUSTOMER SERVICE DESK FOR FULL
CONTEST RULES OR WWW.STOREOPINION.CA
STORE: 03489
CODE: 060816 134102 9793 03489
****

CONTEST RULES OR WWW.STOREOPINION.CA
STORE: 03489
CODE: 061316 115702 2203 03489
****

SELVA [illegible] Come Again ! 12:11
03 4721
TELL US HOW WE DID [illegible]
MONTHLY CHANCES TO WIN $5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
SEE CUSTOMER SERVICE DESK FOR FULL
CONTEST RULES OR WWW.STOREOPINION.CA
STORE: 03489
CODE: 060316 111202 6878 03489
****

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visit pcfinancial.ca
****
GST # 82768-4435 RT0001
****
VISIT US AT WWW.NOFRILLS.CA
Like us on Facebook:
www.facebook.com/nofrillsCA
Follow us on Twitter: @nofrillsCA
****
THANK YOU, COME AGAIN
Thank You, Come Again !
2016/05/30 10:49
SELVA 419 02 4510
****
TELL US HOW WE DID TODAY!
MONTHLY CHANCES TO WIN $5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
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Ontario Ministry of Community and Social Services

Ontario Disability Support Program
Ontario Works

Application for Special Diet Allowance

For Local Office Use Only

Date Received | Local ODSP/OW Office Stamp

OHIP Fee Code
K055

Section 1 - To be completed by applicant [also see section 4]

Applicant Information

Last Name	First Name	Initial
ROWLAND	JON	T.

Date of Birth	Member ID	Relationship to recipient
1956/05/31 (partly covered by the receipt)	111219919	☒ self ☐ spouse ☐ dependent child or dependent adult

Section 2 - To be completed by an approved health care professional [see list below]

This application must be completed by one of the following approved health care professionals:

- A Physician
- A Registered Nurse in the Extended Class
- A Registered Dietitian
- A Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community. [**Note:** A Registered Midwife or a Traditional Aboriginal Midwife, who is recognized and accredited by her or his Aboriginal community, may only confirm that a special diet is required for the medical condition *inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated.]*

Instructions:

1. When completing section 3, 1) place a check mark next to the applicant's medical condition that requires a special diet, 2) indicate the length of time the diet is required and 3) initial in the space provided to confirm the medical condition.
2. Complete the information below and sign.

Last Name	First Name

Street Number	Unit/Suite/Apt.	Street Name

City/Town/Municipality	Province	Postal Code

Telephone Number

Stamp (optional)

Shona MacKenzie, RN(EC)
Registration Number: 905725
Billing Number: 723331-76
Parkdale Community Health Centre
1229 Queen St W, Toronto, ON M6K 1L2
Tel: (416) 537-2455, Fax: (416) 537-3526

I am a legally qualified:

- ☐ Physician
- ☒ Registered Nurse in the Extended Class
- ☐ Registered Dietitian
- ☐ Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community

and I confirm that I have indicated a total of THREE (3) *(e.g. one, two, etc.)* medical condition(s) on this application form for which the applicant requires a special diet and that the information I have provided is true in my professional opinion.

[Signature of approved health care professional] [Date (yyyy/mm/dd)] 2014/10/24

Section 380 (1) of the Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public or any person of any property, money or valuable security, is guilty of an offence. The *Ontario Works Act, 1997*, Sec. 79/*Ontario Disability Support Program Act, 1997*, Sec. 53 states a person who knowingly aids or abets another person to obtain or receive assistance to which the other person is not entitled under this Act and the regulations is guilty of an offence.

Payment – If you are a Registered Nurse in the Extended Class, a Registered Dietitian, a Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community, please forward your invoice in the amount of $20.00 to the appropriate local Ontario Works office or ODSP office noted at the top of the application form. Please be sure to include the applicant's name and Member ID on the invoice.

Section 3 – Special Diet Allowance

Medical condition that requires a special diet	Length of time the special diet is required for the medical condition	Confirmation of medical condition
☐ Allergy to wheat	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
☐ Celiac disease	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*

Note: Where both of the above conditions are indicated, only one allowance amount will be provided.

Medical condition	Length of time	Confirmation
☒ Diabetes	☐ 6 m ☒ 12 m ☐ indefinite	*Health care professional's initials*
☐ Extreme Obesity: Class III BMI>40	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
☐ Gestational Diabetes (Note: Allowance will be provided during pregnancy and for 3 months post partum).	Expected delivery date (yyyy/mm/dd)	*Health care professional's initials*
☒ Hypercholesterolemia/Hyperlipidemia	☐ 6 m ☒ 12 m ☐ indefinite	*Health care professional's initials*
☐ Hypertension	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
☐ Prader-Willi Syndrome (Red, Yellow, Green Diet)	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*

Note: Where more than one of the above 6 conditions is indicated, only one allowance (the highest) will be provided.

Medical condition	Length of time	Confirmation
☐ Dysphagia requiring thickened fluids	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
☒ Allergy to milk/dairy	☐ 6 m ☐ 12 m ☒ indefinite	*Health care professional's initials*
☐ Lactose intolerance	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*

Note: Where both of the above conditions are indicated, the allowance amount for allergy to milk/dairy will be provided.

Medical condition	Length of time	Confirmation
☐ Inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated	Infant's date of birth (yyyy/mm/dd)	*Health care professional's initials*

Note: A Special Diet Allowance will be paid during the first 12 months of an infant's life if formula is necessary due to inadequate quantity of breast milk or breast-feeding is contraindicated and the infant requires supplementation to maintain weight.

Medical condition	Length of time	Confirmation
☐ Osteoporosis	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
☐ Renal Failure – pre-dialysis (GFR<30)	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
☐ Renal Failure – peritoneal/hemodialysis	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
Unintended weight loss due to Renal failure (GFR<30) (please check the degree of weight loss): ☐ >5% and ≤10% weight loss ☐ >10% weight loss	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*

Note: Where more than one of the above three conditions are listed on the application form, only one allowance (the highest) will be provided.

Medical condition that requires a special diet	Length of time the special diet is required for the medical condition	Confirmation of medical condition
☐ Chronic hepatitis C (BMI <25)	☐ 6 m ☐ 12 m	*Health care professional's initials*
☐ Chronic wounds (Stage 1 & 2) or burns (1-10% body surface area)	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
☐ Chronic wounds (Stage 3 & 4) or burns (>10% body surface area)	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*

Notes:

1) Where more than one of the above three conditions are indicated, only one allowance amount (the highest) will be provided.
2) Chronic Hepatitis C (BMI <25) is only eligible for 6 or 12 months durations.
3) Where Chronic Hepatitis C (BMI <25) is indicated together with unintended weight loss (any condition), only one allowance amount (the highest) will be provided.
4) Where Chronic Hepatitis C (BMI <25) is indicated together with Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis) or unintended weight loss due to Renal Failure, only one allowance amount (the highest) will be provided.

Unintended weight loss due to one or more of the following conditions (please check the degree of weight loss):			
☐ >5% and ≤10% weight loss	☐ >10% weight loss	☐ 6 m ☐ 12 m ☐ indefinite	*Health care professional's initials*
Amyotrophic Lateral Sclerosis	Malignancy		
Anorexia Nervosa	Multiple Sclerosis		
Cirrhosis (stage 3 and 4)	Muscular Dystrophy		
Congestive Heart Failure	Ostomies		
Crohn's Disease	Pancreatic Insufficiency		
Cystic Fibrosis	Parkinson Disease		
HIV/AIDS	Short Bowel Syndrome		
Huntington Disease	Ulcerative Colitis		
Lupus			

Note: Only one unintended weight loss special diet will be provided per applicant/recipient. This includes unintended weight loss due to Renal Failure. If more than one unintended weight loss special diet are indicated, only one allowance (the highest) will be provided.

Section 4 – Applicant Declaration & Consent for Release of Information

The person applying for the Special Diet Allowance, or someone lawfully authorized to sign on their behalf, must sign this declaration and consent for release of information.

If the Special Diet Allowance is for a child under 16, then this declaration and consent for release of information must be signed by the social assistance applicant/recipient or other individual who is lawfully authorized to sign on behalf of the child.

[Important: the application will not be approved if the declaration and consent to release of information is not signed]

I declare to the best of my knowledge that the information on this form is true, correct and complete and I consent to the release, by the health care professional who has completed this form, to the Ministry of Community and Social Services ("ministry") and/or a delivery agent designated under the *Ontario Works Act, 1997* ("delivery agent"), of any information in my health records relating to the information provided on this application form. I understand that the ministry and/or delivery agent would be using this information in my health records to determine my initial eligibility or ongoing eligibility for the Special Diet Allowance.

I have read and signed this consent freely and voluntarily. I understand that I can refuse to sign the consent but that the Special Diet Allowance will not be provided if the consent is not signed. I understand that I can revoke or amend the consent at any time but that this may affect my eligibility for the Special Diet Allowance.

Jon T. Rowland — *[Signature of applicant or other lawfully authorized individual]*

2014/10/20 — *[Date (yyyy/mm/dd)]*

Note: The Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. The *Ontario Works Act, 1997*, Sec. 79/*Ontario Disability Support Program Act, 1997*, Sec. 59 states a person who knowingly receives a benefit or assistance that he/she is not entitled to receive under the Act and regulations is guilty of an offence.

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

The information on this application form is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45 and 46 or the *Ontario Works Act, 1997*, sections 7, 8, 57 & 58 for the purpose of administering Government of Ontario social assistance programs including determining recipient eligibility for the Special Diet Allowance ("Allowance") and monitoring that the Allowance is properly issued in accordance with the eligibility requirements and purpose of the Allowance by compiling trends and/or data with respect to: Allowance usage, the medical conditions for which recipients qualify under the Allowance, and the completion of the Allowance form.

For more information contact ______________________ at ( ) ______________, in your local Ontario Works or ODSP office.

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Friday November 28, 2014**

Reason for Visit:

Code - Description	Status Comments
181 - Visit for Annual Health Examination	X

Subjective/Objective

S/ In for physical. Apologized for e-mails he sent to me few weeks ago. Says doing a little better., has resolved issues with relationship with friend and no longer concerned for his safety, acknowledges this friend reminds him of old colleague who suicide and so some of his feelings towards him are related to that. Issues in building seems to be calming down, realizes the super he is upset with likely has own mental health problems and Jon should be aware of that. See templateO/ See template

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Discussion regarding the treatment plan; General assessment; Health Advice/instructions; Medication renewal;

Counseling

Counseling;

Well Care Codes

Periodic Health Examination;

AOHC - Male Preventative Care **Updated By:(Shona MacKenzie , NP**

CPP and Immunizations Review

CPP Reviewed? Yes

Immunizatoins Reviewed? Yes

Vital Signs:

graph sheet	**Height:**	73 IN (185.42 CM)	
graph sheet	**Weight:**	224 LBS (101.6 KG)	
	Body Mass Index:	29.55	**status:** Overweight
	Body Surface Area:	31718.4373	
graph sheet	**Blood Pressure:**	142/90	Adult *(November 28, 2014)*

Heart Rate: BPM: 70 **Rhythm:** Regular **Description:** normal

Lifestyle/Habits

Diet:

Limited budget but tries toi eat well

Fat/Cholesterol:

Minimal take out and fried food

Fiber:

Tries to eat fruit and veg but agrees not enough

Calcium:

Milk in coffee, might benefit from calcium supplement

Sodium:

Eats lots of packaged noodles

Family:

No contact

Relationships:

Poor relationships with peers, people in his building, has few supports, does have a relationship with a man called Mark, a little tempestuous

Exercise:

Walks daily

Smoking:

Non smoker

Alcohol:

Occasional beer

Drugs:

None

Sexual History:

Identifies as homosexual, not currently active

Sleep:

Poor - gets up early am and writes/does graphic work, by 2pm tired and often goes to bed 8pm but tosses and turns, ruminates

Family Planning/Contraception:

NA

Functional Inquiry

HEENT normal: Yes

Sexual Function:

Minimal desire, thinks related to setraline, not much desire to masturbate either, does not perceive this as a problem

CVS:

Hyperlipidemia

MSK normal: Yes

Resp normal: Yes

Neuro/Falls normal: Yes

Derm:

Had lamisil for athlete's foor in past, stable, also had some eczema on hands, used betamethasone with good result

GI:

A little overweight

GU:

Mildly elevated A1C

Cognition normal: Yes

Constitutional SX normal: Yes

Depression Screen:

No;

Mental Health:

A lot of anger around mental health system and struggles with dissatisfaction with sevices we provide while acknowledging he needs some of them. Lots of issues with anger, tends to use e-mail and on line resources to vent

Education/Counselling (male):

- Yes **adverse nutritional habits discussed**
- Yes **dietary advice on fat/cholesterol (30-69)**
- Yes **adequate calcium intake discussed**
- Yes **adequate vitamin D intake discussed**
- Yes **regular, moderate physical activity discussed**
- Yes **smoke detectors in the home discussed**
- Yes **regular testing of smoke detectors discussed**

For general population unless otherwise stated

Obesity (BMI>=30): Yes;

weight loss counselling if overweight: Yes

multidisciplinary approach: Yes

screen for mental illness: Yes

Alcohol: Yes;

Elderly: No;

Smoking: No;

Oral Hygiene: Yes

brushing/flossing teeth discussed: Yes

fluoride (toothpaste/supplement) discussed: Yes

tooth scaling and prophylaxis discussed: Yes

Parents with Children: No;

Physical Examination (male)

Physical Examination Conducted: Yes;

Ears normal: Yes

Nose normal: Yes

Abdomen:

Obese

Mouth/Throat normal: Yes

Ano-Rectum normal: Yes

Neck/Thyroid normal: Yes

CVS normal: Yes

Resp normal: Yes

Derm normal: Yes

Extremities normal: Yes

Assessments	Status	Comments	Updated By
181-Visit for Annual Health Examination			Shona, MacKenzie 28-11-2014
174-Visit for Prescription Renewal			Shona, MacKenzie 28-11-2014
5644-Generalized Anxiety Disorder			Shona, MacKenzie 28-11-2014

Prescriptions

Discontinued: **Betamethasone Valerate Cream 0.1%**	Betamethasone Valerate Cream 0.1% Sig 1 application(s) bid directions PRN quantity 30 g,	
Discontinued: **LAMISIL (Cream 1%)**	LAMISIL (Cream 1%) Sig 1 application(s) route local bid quantity 1 tube(s) renew 2 time(s),	2 Refills
Rx#: 2114 **Ranitidine 150 mg tablet**	**1** Tab(s) PO **BID** for 30 Day(s),	3 Refills
Rx#: 2114 **rosuvastatin 5 mg**	**1** Tab(s) PO **daily** for 30 Day(s),	3 Refills
Rx#: 2114 **Sertraline 25 mg capsule**	2 capsules od qam mitte 1 month,	Dispense 60 Tab(s) 3 Refills

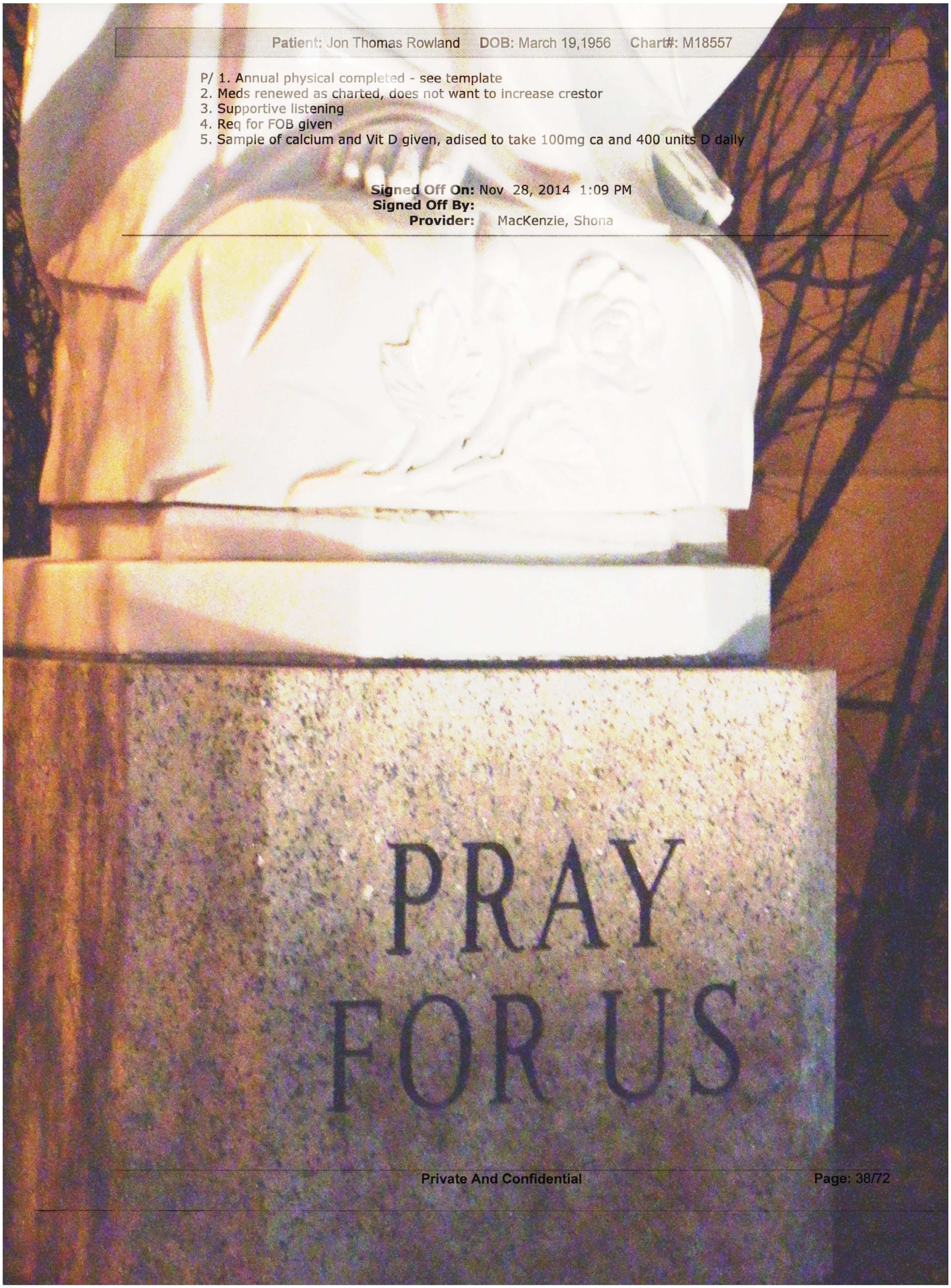
Laboratory Requisitions

Requisitions	Laboratory	Tests	Updated By
Laboratory :	**CML**		MacKenzie, Shona 11-28-2014

Plan Notes

P/ 1. Annual physical completed - see template
2. Meds renewed as charted, does not want to increase crestor
3. Supportive listening
4. Req for FOB given
5. Sample of calcium and Vit D given, adised to take 100mg ca and 400 units D daily

Signed Off On: Nov 28, 2014 1:09 PM
Signed Off By:
Provider: MacKenzie, Shona



Patient: Jon Thomas Rowland **DOB:** March 19,1956 **Chart#:** M18557

Rx#: 3182 **Sertraline 25 mg capsule** 2 capsules od qam mitte 1 month, Dispense 60 Tab(s) 3 Refills

Laboratory Requisitions

Requisitions	Laboratory	Tests	Updated By
Laboratory :	**CML**		MacKenzie, Shona 10-26-2015

Immunization	Oct 26, 2015	Influenza	...	0.5 ccs	None	Acc

Plan Notes

P/ 1. Advised to check status on housing application now he is a senior
2. Blood as charted plus TSH - cannot void today so urine not done
3. Counselled and supported around issues with other tenant in building, encouraged to see his pulling back from involvment with this man as setting clear boundaries and caring for self
4. Meds renewed as charted
5. Counselled around weight loss, increasing walking to 20 mins a day, spreading food out over course of day, less carbs
6. Flu shot as above
7. FU after Christmas for Cpx and FOBT

Signed Off On: Oct 26, 2015 2:22 PM
Signed Off By:
Provider: MacKenzie, Shona



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Monday October 26, 2015**

Reason for Visit:

Code - Description	Status Comments
174 - Visit for Prescription Renewal	

Subjective/Objective

S/ In for med refills. Stopped setraline over summer, did not feel good, unsure if it was because he stopped it suddenly or because things were not good in life - his landlord hasmoved his brother into house who has schizophrenia and John was trying to help him. He has now restarted sertraline and also backed off a little from trying to "save" this man and has also stopped blogging. He feels better
Using ranitidine prn, says he thinks he has gained weight, not really walking any more, eats one large meal a day, lots of carbs, ramen noodles, pizza etc. Aware of changes he should make to diet
Needs BP check and has fastewd for blood
Agrees to flu shot
O/ VS as below.
Mood reasonable, still ++ talkative but easier to intereject in conversation

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Chronic Illness Monitoring; Discussion regarding the treatment plan; Health Advice/instructions; Medication renewal; Minor assessment; Preventative care;

Counseling

Counseling;

graph sheet **Height:** 73 IN (185.42 CM)

graph sheet **Weight:** 226 LBS (102.51 KG)

Body Mass Index: 29.81 **status:** Overweight

Body Surface Area: 31838.4899

graph sheet **Blood Pressure:**

120/82 Sitting Arm (L) Adult *(October 26, 2015)*

Assessments	Status	Comments	Updated By
174-Visit for Prescription Renewal			Shona, MacKenzie 26-10-2015
188-Visit for Preventive Immunizations / Medications			Shona, MacKenzie 26-10-2015
197-Visit for Blood Test			Shona, MacKenzie 26-10-2015
186-Visit for Blood Pressure Examination			Shona, MacKenzie 26-10-2015
8968-Poverty			Shona, MacKenzie 26-10-2015
6896-Weight Gain			Shona, MacKenzie 26-10-2015

Prescriptions

Rx#: 3182 **Ranitidine 150 mg tablet**	**1** Tab(s) PO **BID** for 30 Day(s),	3 Refills
Rx#: 3182 **rosuvastatin 5 mg**	**1** Tab(s) PO **daily** for 30 Day(s),	3 Refills

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019

Visit Date: Wednesday October 28, 2015

Reason for Visit:

Code - Description	Status	Comments
7122 - Hyperlipidemia		

Subjective/Objective

E mail correspondence with Jon re: increased Framingham, he will double up on rosuvastatin till runs out and I have faxed rx to VINA with new dose.

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Discussion regarding the diagnostic findings; Discussion regarding the treatment plan; Medication prescription;

Assessments	Status	Comments	Updated By
7122-Hyperlipidemia			Shona, MacKenzie 28-10-2015

Prescriptions

Rx#: 3199 **Rosuvastatin 10 mg tablet**	**1** Tab(s) PO **daily** for 30 Day(s),	Dispense 30 Tab(s) 3 Refills
Discontinued: **rosuvastatin 5 mg**	**1** Tab(s) PO **daily** for 30 Day(s),	3 Refills

Signed Off On: Oct 28, 2015 4:17 PM
Signed Off By:
Provider: MacKenzie, Shona

STACKED

Patient: Jon Thomas Rowland DOB: March 19,1956 Chart#: M18557

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office** **Encounter Type:**

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday February 17, 2016**

Reason for Visit:

Code - Description	Status Comments
181 - Visit for Annual Health Examination	

Subjective/Objective

S/ In for CPx. Moved into subsidized unit, happy there. Move itself was extremely stressful. Eating poorly and not exercising much but otherwise doing OK. Says ranitidine not helping as much with GI sx. See template

O/ Mood anxious but no change from baseline

See template

SENIOR TENANTS ADVISORY COMMITTEE: SPEAK UP! BEFORE IT'S TOO LATE!

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Diagnostic tests request; Discussion regarding the treatment plan; General assessment; Health Advice/instructions; Medication prescription; Medication renewal;

Counseling

Counseling;

AOHC - Male Preventative Care **Updated By:(Shona MacKenzie , NP**

CPP and Immunizations Review

CPP Reviewed? Yes

Immunizatoins Reviewed? Yes

Vital Signs:

graph sheet **Height:** 73 IN (185.42 CM)

graph sheet **Weight:** 222 LBS (100.7 KG)

Body Mass Index: 29.28 **status:** Overweight

Body Surface Area: 31597.7667

graph sheet **Blood Pressure:**

128/80 Sitting Arm (L) Adult *(February 17, 2016)*

Heart Rate: BPM: 83 **Rhythm:** Regular **Description:** normal

Lifestyle/Habits

Diet:

Poor diet

Fat/Cholesterol:

Tries to avoid fatty food

Fiber:

Minimal fruit and veg

Calcium:

minimal calcium intake

Sodium:

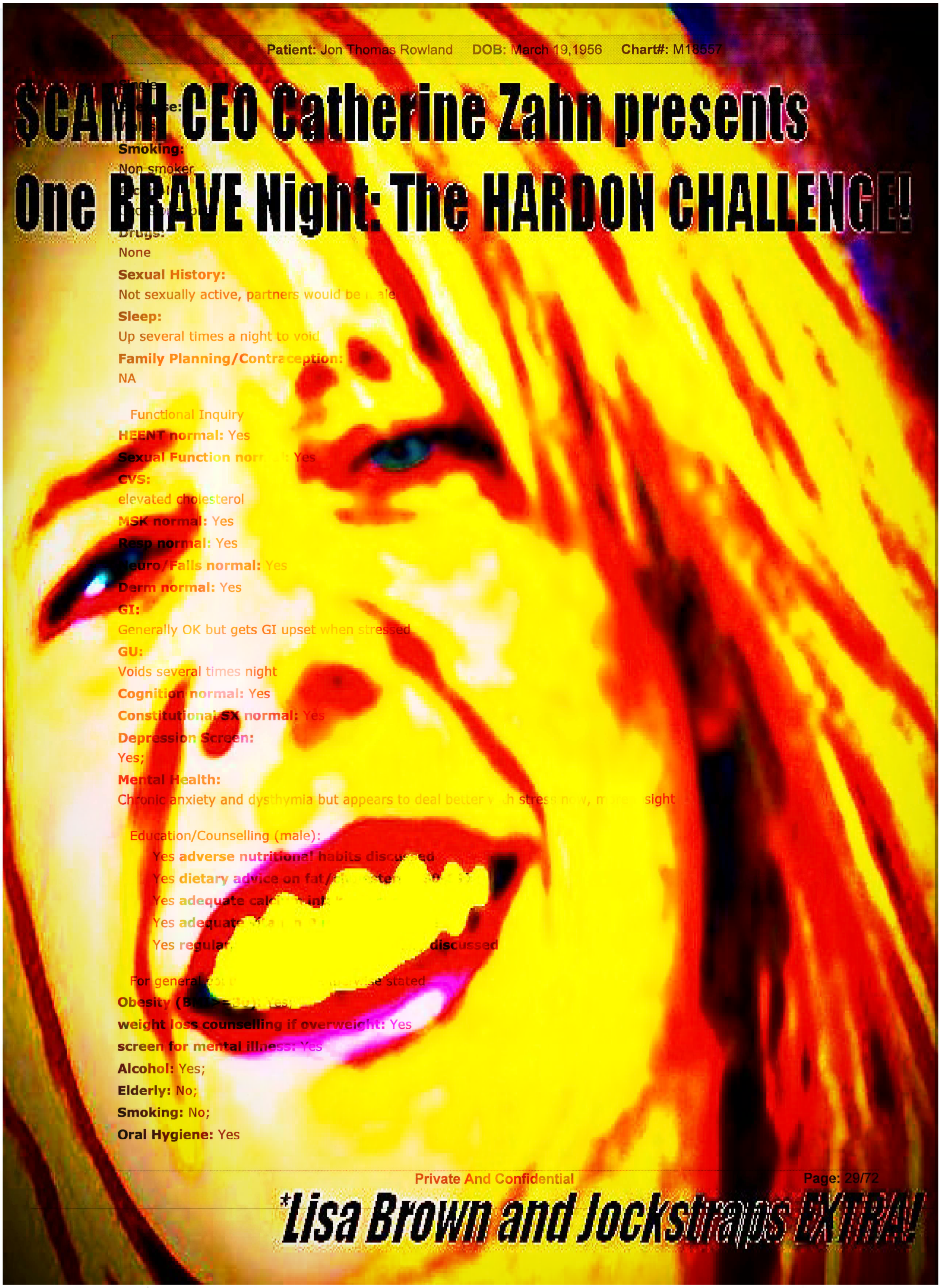
Minimal added salt, but does eat lots of processed food

Family:

No contact

Relationships:

STAC@TORONTOHOUSING.CA


Patient: Jon Thomas Rowland DOB: March 19,1956 Chart#: M18557
$CAMH CEO Catherine Zahn presents
One BRAVE Night: The HARDON CHALLENGE!
Smoking:
Non smoker
None
Sexual History:
Not sexually active, partners would be
Sleep:
Up several times a night to void
Family Planning/Contraception:
NA
Functional Inquiry
HEENT normal: Yes
Sexual Function
CVS:
elevated cholesterol
MSK normal: Yes
Resp normal: Yes
Neuro/Falls normal: Yes
Derm normal: Yes
GI:
Generally OK but gets GI upset when stressed
GU:
Voids several times night
Cognition normal: Yes
Constitutional SX normal: Yes
Depression Screen:
Yes;
Mental Health:
Chronic anxiety and dysthymia but appears to deal better
Education/Counselling (male):
Yes adverse nutritional habits
Yes adequate
Yes adequate
weight loss counselling if overweight: Yes
screen for mental illness: Yes
Alcohol: Yes;
Elderly: No;
Smoking: No;
Oral Hygiene: Yes
Private And Confidential
Page: 29/72
*Lisa Brown and Jockstraps EXTRA!

brushing/flossing teeth discussed: Yes
fluoride (toothpaste/supplement) discussed: Yes
tooth scaling and prophylaxis discussed: Yes
Parents with Children: No;

Physical Examination (male)
Physical Examination Conducted: Yes;
Eyes normal: Yes
Ears normal: Yes
Nose normal: Yes
Abdomen:
Obese otherwise NAD
Mouth/Throat:
Poor dentition
Ano-Rectum normal: Yes
Neck/Thyroid normal: Yes
CVS normal: Yes
Resp normal: Yes
Derm normal: Yes
MSK/Joints normal: Yes
Extremities normal: Yes

Assessments	Status	Comments	Updated By
181-Visit for Annual Health Examination			Shona, MacKenzie 17-2-2016
197-Visit for Blood Test			Shona, MacKenzie 17-2-2016
5644-Generalized Anxiety Disorder			Shona, MacKenzie 17-2-2016
5617-Dysthymia			Shona, MacKenzie 17-2-2016
7-Fatigue			Shona, MacKenzie 17-2-2016
8968-Poverty			Shona, MacKenzie 17-2-2016

Prescriptions

Rx#: 3582 **Omeprazole 20 mg delayed release capsule**	**1** Tab(s) PO **daily** for 30 Day(s),	Dispense 30 Tab(s) 5 Refills
Rx#: 3582 **Rosuvastatin 10 mg tablet**	**1** Tab(s) PO **daily** for 30 Day(s),	Dispense 30 Tab(s) 5 Refills
Rx#: 3582 **Sertraline 25 mg capsule**	2 capsules od qam mitte 1 month,	Dispense 60 Tab(s) 5 Refills

Laboratory Requisitions

Requisitions	Laboratory	Tests	Updated By
Laboratory :	**CML**		MacKenzie, Shona 2-17-2016
Laboratory :	**CML**		MacKenzie, Shona 2-17-2016

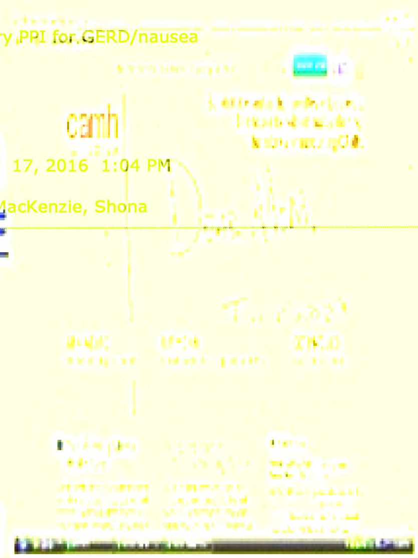
Procedure Feb 17, 2016 FOBT ordered MSAA Indicators

Plan Notes

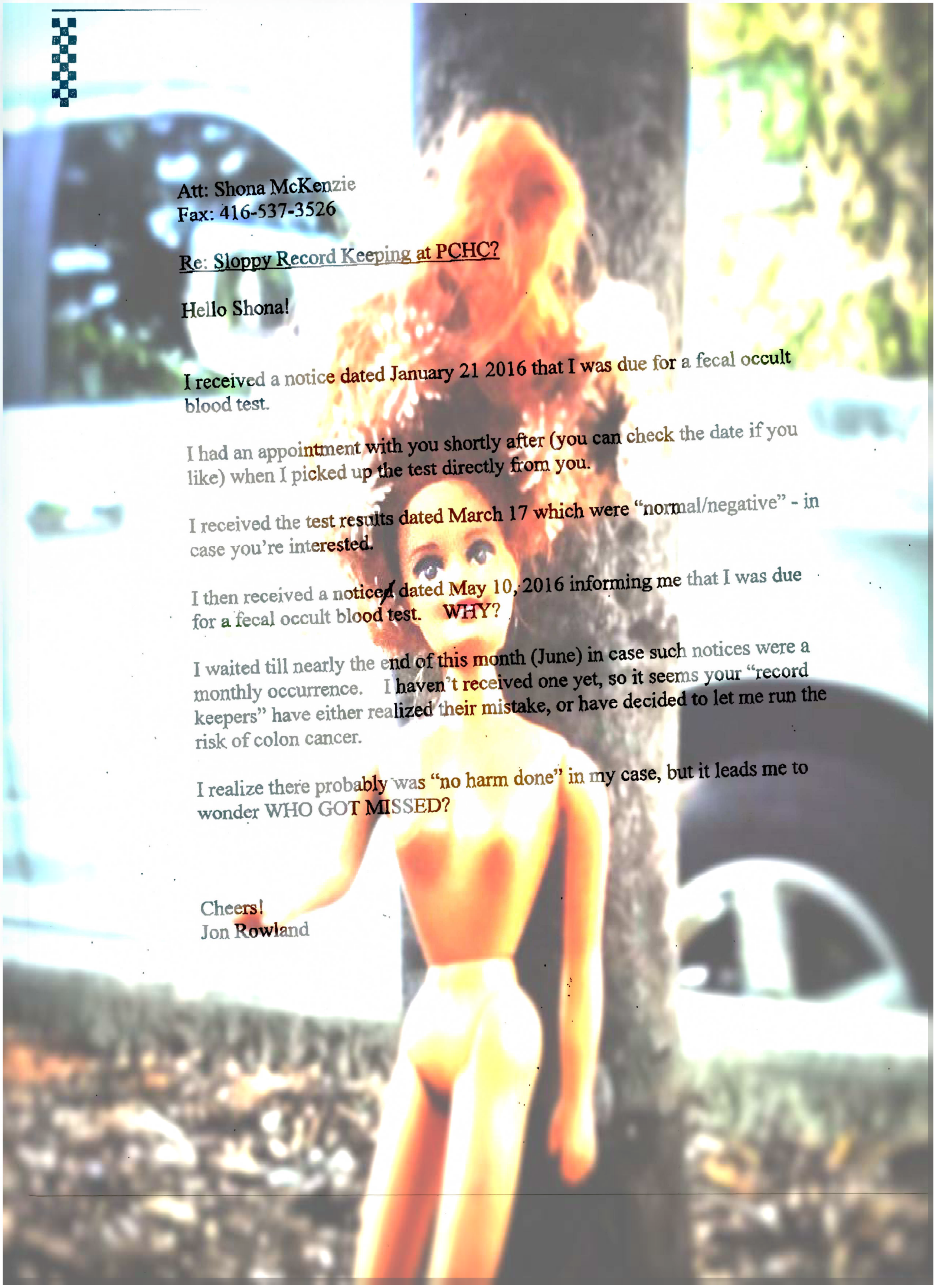
"Catherine" - she even lets us address her by her first name! - how sublimely generous! - even managed to "transform" SUICIDE into a BIG MONEY-MAKER for $CAMH - and made a KILLING with ROBIN WILLIAMS!

P/ 1. Cpx as charted
2. Counselled around diet
3. Meds renewed as above, DC ranitidine and try PPI for GERD/nausea
4. Blood as per req
5. Will do FOBT
6. FU prn

Signed Off On: Feb 17, 2016 1:04 PM
Signed Off By:
Provider: MacKenzie, Shona







Att: Shona McKenzie
Fax: 416-537-3526

Re: Sloppy Record Keeping at PCHC?

Hello Shona!

I received a notice dated January 21 2016 that I was due for a fecal occult blood test.

I had an appointment with you shortly after (you can check the date if you like) when I picked up the test directly from you.

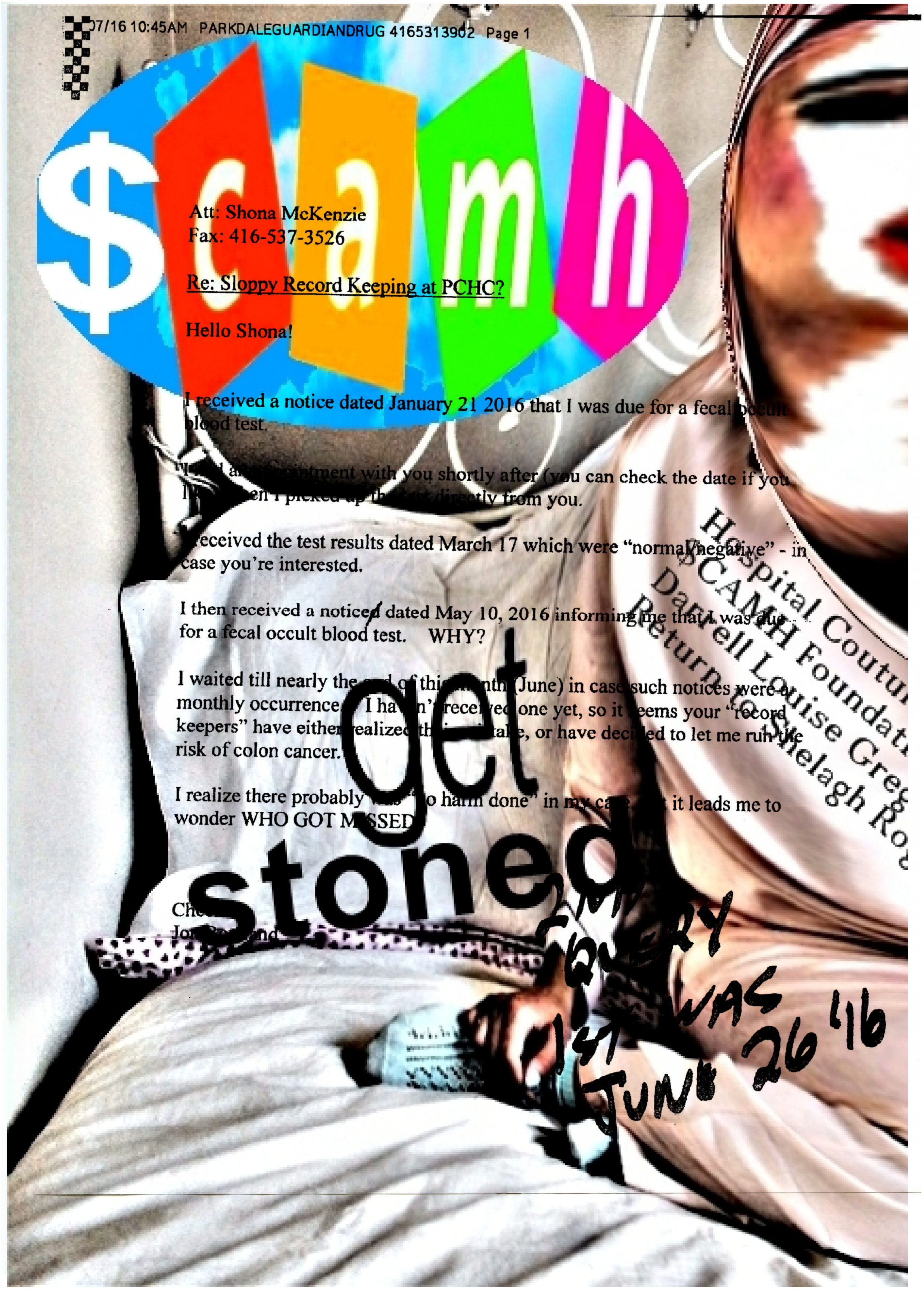
I received the test results dated March 17 which were "normal/negative" - in case you're interested.

I then received a noticed dated May 10, 2016 informing me that I was due for a fecal occult blood test. WHY?

I waited till nearly the end of this month (June) in case such notices were a monthly occurrence. I haven't received one yet, so it seems your "record keepers" have either realized their mistake, or have decided to let me run the risk of colon cancer.

I realize there probably was "no harm done" in my case, but it leads me to wonder WHO GOT MISSED?

Cheers!
Jon Rowland


07/16 10:45AM PARKDALEGUARDIANDRUG 4165313902 Page 1
$camh
Att: Shona McKenzie
Fax: 416-537-3526
Re: Sloppy Record Keeping at PCHC?
Hello Shona!
I received a notice dated January 21 2016 that I was due for a fecal occult blood test.
ment with you shortly after (you can check the date if you
directly from you.
received the test results dated March 17 which were "normal/negative" - in case you're interested.
I then received a noticed dated May 10, 2016 informing me that I was due for a fecal occult blood test. WHY?
I waited till nearly the
(June) in case such notices were
monthly occurrence
one yet, so it seems your "record
keepers" have either realized
, or have decided to let me run the
risk of colon cancer.
I realize there probably
harm done" in my case
it leads me to
wonder WHO GOT MISSED
get
stoned
Hospital Coutu
$CAMH Foundat
Darrell Louise Greg
Return to Shelagh Ro
EMAIL QUERY
1st WAS
JUNE 26 '16

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday June 28, 2016**

Reason for Visit:

Code - Description	Status Comments	
9101 - Problem with Medical Facility		X

Subjective/Objective

Fax received from Jon as per scanned copy. Reply sent by e-mail as below
"Hi Jon,
Thank you for your fax. I was aware of the negative results of the colon cancer screen done in February as they are always sent to the ordering provider as well as the client.
It appears I had entered a second reminder into the computer at some point which is what generated the letter you received. I will bring the issue to the attention of the clinical team so we can review out process.
Shona"
Fax passed on to clinical director

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Consultation/Referral Codes

Case management/Coordination;

Assessments	Status	Comments	Updated By
9101-Problem with Medical Facility			Shona, MacKenzie 28-6-2016

Signed Off On: Jun 28, 2016 1:27 PM
Signed Off By:
Provider: MacKenzie, Shona



Patient: Jon Thomas Rowland DOB: March 19,1956 Chart#: M18557

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 | **Location: Third Party**
Encounter Type:

Print Date: Friday, August 30, 2019 | **Visit Date: Tuesday July 05, 2016**

Reason for Visit:

Code - Description	Status Comments	
9100 - Problem with Health Care Facility		X

Subjective/Objective

2 further faxes from Jon, it seems he did not recive previous e mail, attempt made to call him, no answer or VM. E mail sent to both addresses I have for him as below, Oxana cc'd

Hi Jon,

Thank you for resending the fax today outlining your concerns about the second letter you received about a fecal occult blood test. It seems you did not receive the e-mail response I sent to your yahoo e mail account on June 28th in response to your original fax. I tried to call you today but you did not answer and do not have voicemail, so I am sending the same response to the two addresses you have used to send me e-mails in the past. I am also copying my supervisor on the e-mail so you will have her contact information.

I was aware of the negative results of the colon cancer screen done in February as they are always sent to the ordering provider as well as the client.
It appears I had entered a second reminder into the computer at some point which is what generated the letter you received. I have brought the issue to the attention of our clinical director and medical secretaries.

Shona

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Consultation/Referral Codes

Case management/Coordination:

Assessments	**Status**	**Comments**	**Updated By**
9100-Problem with Health Care Facility			Shona MacKenzie 5-7-2016

Signed Off On: Jul 5, 2016 3:00 PM
Signed Off By:
Provider: MacKenzie, Shona

This Page MUST be completed in Full if the Person Named on the Certificate is 9 years of Age or Older

To the Applicant

Please select one of the following persons to act as your Guarantor. When contacted, the Guarantor will be asked to verify that:

- the statements made in this application are true;
- as the Guarantor, he or she is a Canadian citizen belonging to one of the listed categories: and
- he or she has known you (the applicant) for at least two years.

No person shall charge a fee for acting as a guarantor (Section 45.1(2) of the *Vital Statistics Act*).

The Applicant certifies that the individual named below has consented to act as Guarantor.

The Guarantor

The persons described in this section are [illegible]cribed as **guarantors** for the purposes of section 45.1 of the *Vital Statistics Act:*

1. Canadian citizens who have kn[illegible]n the applica[illegible] for at least two years and who are ***curren[illegible] serving*** as one of the following:
   i. [illegible]ice of the pe[illegible]ce, municipal police officer, [illegible]olice officer [illegible]r officer of the Royal Canadian Mounted Pol[illegible]e, First Nations police officers and constables.
   ii. Mayor.
   iii. Member of the Legislat[illegible] As[illegible]embly of Ontario.
   iv. Minister of religion au[illegible]rize[illegible] unde[illegible] provincial law to perform marriages.
   v. Municipal clerk or tre[illegible]urer who is a member of the Association of Munic[illegible]pal M[illegible]nagers, Clerks and Treasurers of Ontario.
   vi. Notary public.
   vii. Principal or vice-princ[illegible]pal of a primary or secondary school.
   viii. Senior administrator [illegible] professor in a unive[illegible]ity or a senior administrator i[illegible] a community colle[illegible]r in a CEGEP in Quebec.
   ix. Signing officer of a ba[illegible] caisse d[illegible]e, caisse populaire, credit union [illegible]r trust comp[illegible]
   x. Chief of a band recognized under the *[illegible]dian Act (Canada).*

Canadian citizens who have known the applicant for at least two years and ***who are practicing members in good standing*** of a provincial regulatory body established by law to govern one of the following professions:

i. Chiropractor, dentist, midwife, nurse, optometrist, pharmacist, physician or surgeon, psychologist or veterinarian.
ii. Lawyer.
iii. Professional accountant.
iv. Professional engineer.
v. Social worker or social service worker.
vi. Teacher in a primary or secondary school.

[illegible] not an endorsement by the Office of the Registrar [illegible]onal status or recognition of superior qualifications.

[illegible]ame of Applicant *(must be comp[illegible]eted)*

[illegible]OWLAND | First Name JON

Gua[illegible]ion

Guarant[illegible]

[illegible]NZIE | SHONIT

Or[illegible]anization / [illegible]able) | Registration No. (if applicable)

[illegible] NURSE PRACTITIONER 9205725

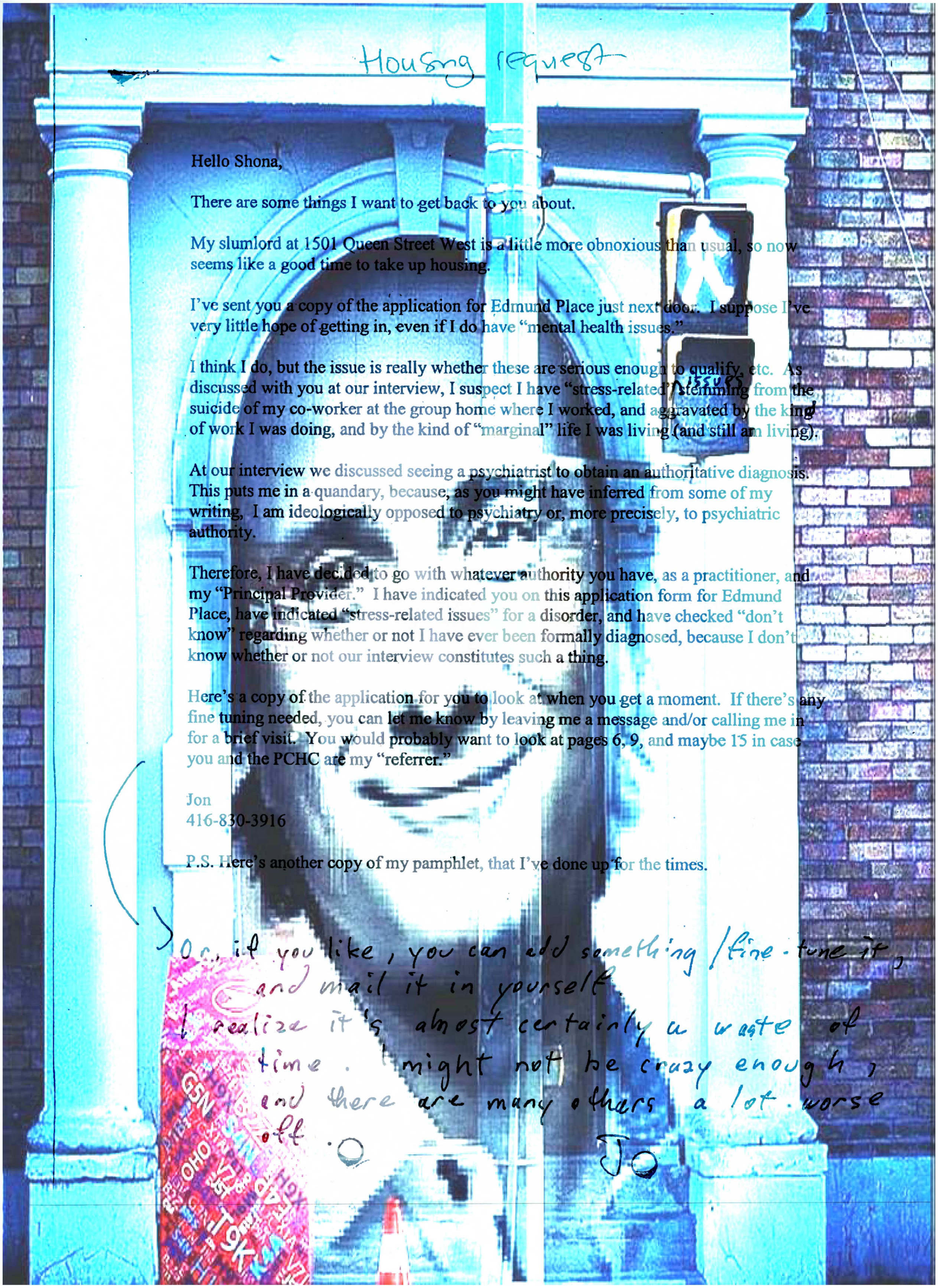
Work Telephon[illegible] (including area [illegible]) Ext. 229 | F[illegible] No. (optional) (including area code)

416 537 [illegible] | 416 537 3526

Work address

Street No.	Street Name	City/Town	Province	Postal Code
1229	QUEEN STREET WEST	TORONTO	ON	M6K 1L2

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to provide certified copies, extracts, certificates, or search notices and to verify the information provided and your entitlement to the service requested and for law enforcement and security purposes. It is an offen[illegible] make a false statement on this form. Questions about [illegible] collection should be directed to: The Deputy Registrar General, O[illegible] Registrar General, 189 Red River Road, PO Box 4600, [illegible] ON P7B 6L[illegible] Outside Toronto 1 800 461-21[illegible] Toronto 416 325-8305, TTY/Teletypewriter (for the hearing [illegible] 325-340[illegible]



Housing request

Hello Shona,

There are some things I want to get back to you about.

My slumlord at 1501 Queen Street West is a little more obnoxious than usual, so now seems like a good time to take up housing.

I've sent you a copy of the application for Edmund Place just next door. I suppose I've very little hope of getting in, even if I do have "mental health issues."

I think I do, but the issue is really whether these are serious enough to qualify, etc. As discussed with you at our interview, I suspect I have "stress-related" issues stemming from the suicide of my co-worker at the group home where I worked, and aggravated by the kind of work I was doing, and by the kind of "marginal" life I was living (and still am living).

At our interview we discussed seeing a psychiatrist to obtain an authoritative diagnosis. This puts me in a quandary, because, as you might have inferred from some of my writing, I am ideologically opposed to psychiatry or, more precisely, to psychiatric authority.

Therefore, I have decided to go with whatever authority you have, as a practitioner, and my "Principal Provider." I have indicated you on this application form for Edmund Place, have indicated "stress-related issues" for a disorder, and have checked "don't know" regarding whether or not I have ever been formally diagnosed, because I don't know whether or not our interview constitutes such a thing.

Here's a copy of the application for you to look at when you get a moment. If there's any fine tuning needed, you can let me know by leaving me a message and/or calling me in for a brief visit. You would probably want to look at pages 6, 9, and maybe 15 in case you and the PCHC are my "referrer."

Jon
416-830-3916

P.S. Here's another copy of my pamphlet, that I've done up for the times.

Or, if you like, you can add something / fine-tune it, and mail it in yourself.
I realize it's almost certainly a waste of time. I might not be crazy enough, and there are many others a lot worse off.

Jo

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Monday February 29, 2016**

Reason for Visit:

Code - Description	Status	Comments
162 - Request for Results of Test(s)		

X

Subjective/Objective

S/ In for results of labs. He is particularly worried about PSA and thyroid. Internet was down so I was unable to access results. He is not keen to change statin dose, is reluctant to take anyway and based on reading (and confirmed by me) most gain likely from initial dose. He does not smoke, tries to eat healthy and walk, has no significant family hx CAD.
O/ A little anxious

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Discussion regarding the diagnostic findings; Discussion regarding the treatment plan; Health Advice/instructions; Minor assessment;

Counseling

Counseling;

Assessments	Status	Comments	Updated By
162-Request for Results of Test(s)			Shona, MacKenzie 1-3-2016

Plan Notes

P/ 1. Discussion as above
2. Jon agrees I can e mail them and also any instructions for fu.

Signed Off On: Mar 1, 2016 2:07 PM
Signed Off By:
Provider: MacKenzie, Shona

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Other
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday March 01, 2016**

Reason for Visit:

Code - Description	Status Comments	
162 - Request for Results of Test(s)		X

Subjective/Objective

E mail to John re: results. I see no value in increasing statin given his reluctance to do so, results overall unchanged

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Discussion regarding the diagnostic findings; Discussion regarding the treatment plan;

Assessments	Status	Comments	Updated By
162-Request for Results of Test(s)			Shona, MacKenzie 1-3-2016
7122-Hyperlipidemia			Shona, MacKenzie 1-3-2016

Signed Off On: Mar 1, 2016 10:15 AM
Signed Off By:
Provider: MacKenzie, Shona



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Third Party**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday August 31, 2016**

Reason for Visit:

Code - Description	Status Comments	
174 - Visit for Prescription Renewal	Acute	X

Subjective/Objective

Vina pharmacy - requests for renewal
-Zoloft
-Omeprazole
-Sertraline
Acc to pharmacy last filled Aug 02, 2016 (30 day supply)

Medication renewed x 3 months

Clinical Notes

Services and Languages Provided **Updated By:(Kate Krupetsky , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Medication renewal;

Assessments	Status	Comments	Updated By
174-Visit for Prescription Renewal	Acute	Vina pharmacy	Kate, Krupetsky 31-8-2016

Prescriptions

Rx#: 550 **Omeprazole 20 mg delayed release capsule**	**1** Tab(s) PO **daily** for 30 Day(s),	Dispense 30 Tab(s) 2 Refills
Rx#: 549 **Ranitidine 150 mg tablet**	**1** Tab(s) PO **BID** for 30 Day(s),	2 Refills
Discontinued: **Ranitidine 150 mg tablet**	**1** Tab(s) PO **BID** for 30 Day(s),	2 Refills
Rx#: 549 **Rosuvastatin 10 mg tablet**	**1** Tab(s) PO **daily** for 30 Day(s),	Dispense 30 Tab(s) 2 Refills
Rx#: 549 **Sertraline 25 mg capsule**	2 capsules od qam mitte 1 month,	Dispense 60 Tab(s) 2 Refills

Signed Off On: Aug 31, 2016 12:57 PM
Signed Off By: Krupetsky, Kate
Provider: Krupetsky, Kate

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Third Party
Encounter Type:

Print Date: Friday, August 30, 2019

Visit Date: Friday October 28, 2016

Reason for Visit:

Code - Description	Status Comments
174 - Visit for Prescription Renewal	Acute

Subjective/Objective

came back to clinic saw staff
gave note from pharmacy re: nasonex not being covered by ODB
will write script for omnaris

Clinical Notes

Services and Languages Provided **Updated By: Harpreet Thind , MD**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Medication prescription;

Assessments	Status	Comments	Updated By
174-Visit for Prescription Renewal	Acute	switch nasonex to omnaris covered	Harpreet, Thind 28-10-2016

Prescriptions

Rx#: 93 **Omnaris 50 mcg/inh spray** **2** spray(s) NS **daily PRN** for 1 Day(s), Dispense 1 MDI(s)

Signed Off On: Oct 28, 2016 11:50 AM
Signed Off By: Thind, Harpreet
Provider: Thind, Harpreet

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019

Visit Date: Friday October 28, 2016

Reason for Visit:

Code - Description	Status Comments	
5828 - Sore Throat	Acute	X

Subjective/Objective

sore throat x 3 days
diff swallowing? yes
rhinnorhea? yes
ear ssx? no
cough? slight raspy, dry
sob? no
fever/chills? yes
myalgias? yes
fatigue? yes
contact C inbruprofen

O/ rapid strep negative
T- 36. 7 (took antipyretic today 4 hours ago)
TMS N bilat
Pharynx streaking and sl red
LAD no
Chest Clear
CVS

A/P URTI
discussed course and nature of illness, reassured not likely bacterial
tyelonol or advil for fever or pain
soft foods warm fluids, lozenges or chloroseptic scpray OTC , steaming,
vit C and zinc for cold prevention
flu shot when well
RTC if prolonged worsening or new concenrs
H.Thind locum MD

Clinical Notes

Services and Languages Provided **Updated By:(Harpreet Thind , MD**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Diagnostic tests request; Discussion regarding the diagnostic findings; Discussion regarding the treatment plan; Intermediate Assessment;

Assessments	Status	Comments	Updated By
5828-Sore Throat	Acute		Harpreet, Thind 28-10-2016
6123-COLD	Acute		Harpreet, Thind 28-10-2016

Prescriptions

Rx#: 92 **Nasonex 50 mcg/inh spray** **2** spray(s) TOP **daily PRN** , Dispense 1 MDI(s)

Signed Off On: Oct 28, 2016 11:04 AM
Signed Off By: Thind, Harpreet
Provider: Thind, Harpreet

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Other
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Monday November 28, 2016**

Reason for Visit:

Code - Description	Status Comments
5807 - Nasal Congestion	

Subjective/Objective

E mail from Jon:
Hacking cough mainly at night, feverish feeling, sore throat (though evidently not strep) and slight nausea continue after nearly a month. Maybe there's nothing you can do. Don't want to go in again but I understand a stronger oral anti-inflammatory sometimes helps. The nasal spray offered some releif but I'm out of that too. If you could prescribe something like that and fax it to Vina it would be appreciated. If not, I'll just have to wait.

Response sent November 28th
Hi Jon,
I have sent prescription for nasal spray to VINA. Often the cough is caused by post nasal drip so dealing with nasal symptoms can help.
Otherwise just rest and fluids and time – a virus like this can take a few weeks to completely resolve.
If you needs me to see you again let me know.
Shona

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Health Advice/instructions; Medication renewal; Minor assessment;

Assessments	Status	Comments	Updated By
5807-Nasal Congestion			Shona, MacKenzie 28-11-2016
174-Visit for Prescription Renewal			Shona, MacKenzie 28-11-2016
5999-Upper Respiratory Infection (Acute)			Shona, MacKenzie 28-11-2016

Prescriptions

Rx#: 4466 **Omeprazole 20 mg delayed release capsule**	**1** Tab(s) PO **daily** for 30 Day(s),	Dispense 30 Tab(s) 2 Refills
Rx#: 4466 **Omnaris 50 mcg/inh spray**	**2** spray(s) NS **daily PRN** for 1 Day (s),	Dispense 1 MDI(s)
Rx#: 4466 **Rosuvastatin 10 mg tablet**	**1** Tab(s) PO **daily** for 30 Day(s),	Dispense 30 Tab(s) 2 Refills
Rx#: 4466 **Sertraline 25 mg capsule**	2 capsules od qam mitte 1 month,	Dispense 60 Tab(s) 2 Refills

Plan Notes

Med rx faxed to VINA

Signed Off On: Nov 28, 2016 10:11 AM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Third Party
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday January 03, 2017**

Reason for Visit:

Code - Description	Status Comments
174 - Visit for Prescription Renewal	Acute

Subjective/Objective

Pharmacy request to renew Omnaris

Clinical Notes

Services and Languages Provided **Updated By:(Kate Krupetsky , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Medication renewal;

Assessments	Status	Comments	Updated By
174-Visit for Prescription Renewal	Acute	Omnaris x 1 MDI	Kate, Krupetsky 3-1-2017

Prescriptions

Rx#: 819 **Omnaris 50 mcg/inh spray** **2** spray(s) NS **daily PRN** for 30 Day(s),

Signed Off On: Jan 3, 2017 2:31 PM
Signed Off By: Krupetsky, Kate
Provider: Krupetsky, Kate



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Thursday March 02, 2017**

Reason for Visit:

Code - Description Status Comments

181 - Visit for Annual Health Examination

Subjective/Objective

S/ In for Cpx. Has been quite reclusive all winter. Thinks he will stop activist work, time to do so. Taking meds as prescribed, no acute issues. See template
O/ Looks well
Anxious as usual
See template

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Chronic Illness Monitoring; Diagnostic tests request; Discussion regarding the treatment plan; General assessment; Health Advice/instructions; Medication renewal; Preventative care;

Counseling

Counseling;

AOHC - Male Preventative Care **Updated By:(Shona MacKenzie , NP**

CPP and Immunizations Review

CPP Reviewed? Yes

Immunizatoins Reviewed? Yes

Vital Signs:

graph sheet	**Height:**	73 IN (185.42 CM)		
graph sheet	**Weight:**	231 LBS (104.78 KG)		
	Body Mass Index:	30.47		**status:** Obesity
	Body Surface Area:	32135.9739		
graph sheet	**Blood Pressure:**			
		136/90	Sitting	Arm (R) Adult *(March 2, 2017)*

Heart Rate: BPM: 97 **Rhythm:** Regular **Description:** normal

Lifestyle/Habits

Diet:

Limited due to poverty, admits does not eat balanced client

Family:

No contact

Relationships:

Single, has friend Mark, other than that pretty isolated

Exercise:

Walks

Smoking:

non smoker

Alcohol:

Almost no alcohol

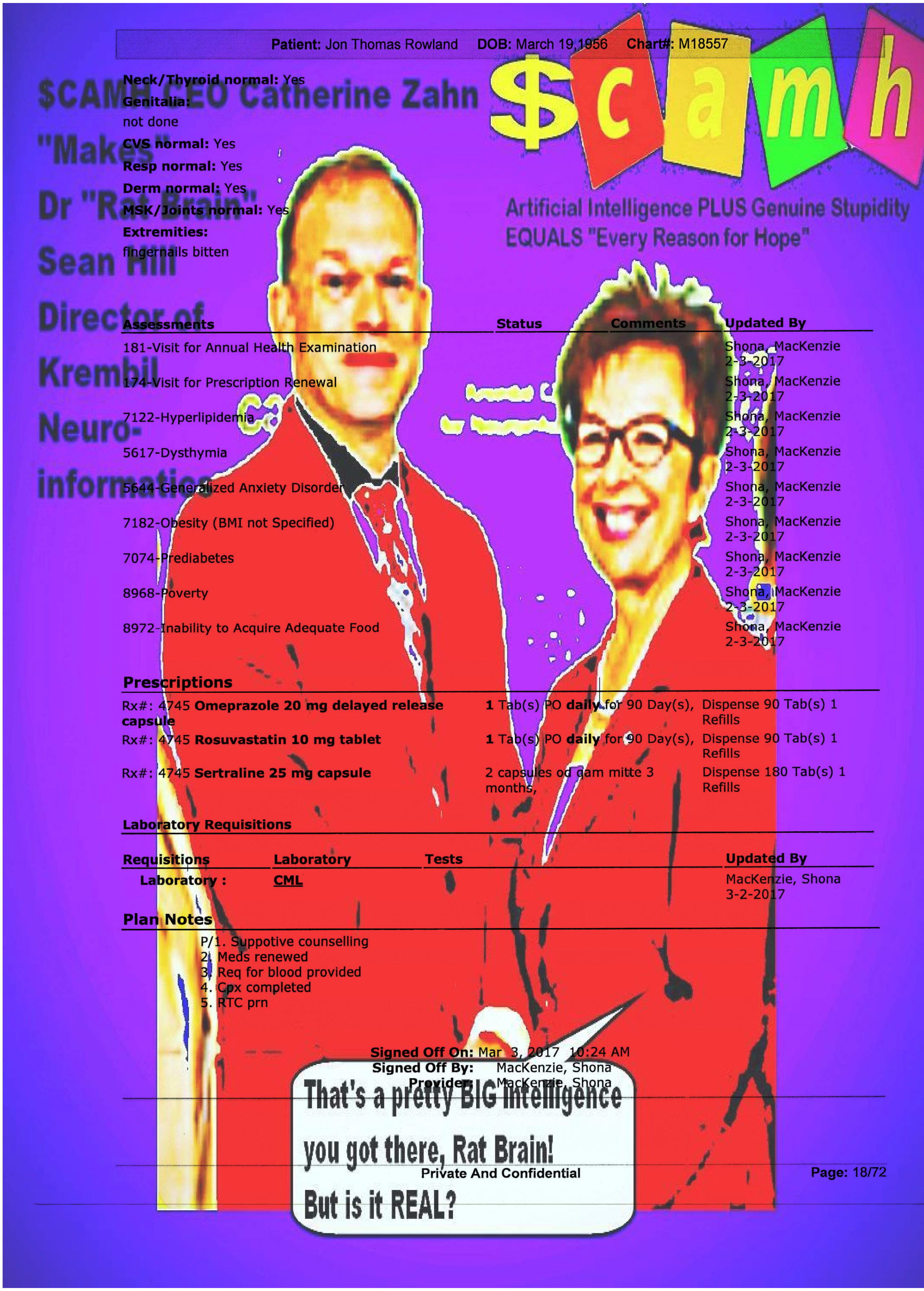
Drugs:
None
Sexual History:
Not sexual active
Sleep:
"so so", lately trouble falling asleep, once asleep gets a few hours, tends to wake up early
Family Planning/Contraception:
NA

Functional Inquiry
HEENT normal: Yes
CVS normal: Yes
CVS:
Hyperlipidemia
MSK normal: Yes
Resp normal: Yes
Derm normal: Yes
GI:
concerned about weight, also nausea with anxiety
Cognition normal: Yes
Depression Screen:
Yes;
Constitutional SX:
Had been feeling under weather over winter, better now, still quite anxious and stressed
Mental Health:
Quite anxious, reports has had a quiet winter, keeps himself to himself, somewhat withdrawn over winter

Education/Counselling (male):
Yes **adverse nutritional habits discussed**
Yes **dietary advice on fat/cholesterol (30-69)**
Yes **adequate calcium intake discussed**
Yes **adequate vitamin D intake discussed**
Yes **regular, moderate physical activity discussed**

For general population unless otherwise stated
Obesity (BMI>=30): No;
Alcohol: Yes;
Elderly: No;
Smoking: No;
Parents with Children: No;

Physical Examination (male)
Physical Examination Conducted: Yes;
Eyes:
Will have eye exam
Ears normal: Yes
Mouth/Throat normal: Yes
Mouth/Throat:
Multiple fillings, teeth OK
Ano-Rectum:
deferred



Neck/Thyroid normal: Yes
Genitalia:
not done
CVS normal: Yes
Resp normal: Yes
Derm normal: Yes
MSK/Joints normal: Yes
Extremities:
fingernails bitten

Assessments	Status	Comments	Updated By
181-Visit for Annual Health Examination			Shona, MacKenzie 2-3-2017
174-Visit for Prescription Renewal			Shona, MacKenzie 2-3-2017
7122-Hyperlipidemia			Shona, MacKenzie 2-3-2017
5617-Dysthymia			Shona, MacKenzie 2-3-2017
5644-Generalized Anxiety Disorder			Shona, MacKenzie 2-3-2017
7182-Obesity (BMI not Specified)			Shona, MacKenzie 2-3-2017
7074-Prediabetes			Shona, MacKenzie 2-3-2017
8968-Poverty			Shona, MacKenzie 2-3-2017
8972-Inability to Acquire Adequate Food			Shona, MacKenzie 2-3-2017

Prescriptions

Rx#: 4745 **Omeprazole 20 mg delayed release capsule**	**1** Tab(s) PO **daily** for 90 Day(s),	Dispense 90 Tab(s) 1 Refills
Rx#: 4745 **Rosuvastatin 10 mg tablet**	**1** Tab(s) PO **daily** for 90 Day(s),	Dispense 90 Tab(s) 1 Refills
Rx#: 4745 **Sertraline 25 mg capsule**	2 capsules od qam mitte 3 months,	Dispense 180 Tab(s) 1 Refills

Laboratory Requisitions

Requisitions	Laboratory	Tests	Updated By
Laboratory :	**CML**		MacKenzie, Shona 3-2-2017

Plan Notes

P/1. Suppotive counselling
2. Meds renewed
3. Req for blood provided
4. Cpx completed
5. RTC prn

Signed Off On: Mar 3, 2017 10:24 AM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019

Visit Date: Friday May 26, 2017

Reason for Visit:

Code - Description	Status Comments	
197 - Visit for Blood Test		X

Subjective/Objective

S/ In for fasting blood
O/ NAD

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Health Advice/instructions; Minor assessment;

Assessments	Status	Comments	Updated By
197-Visit for Blood Test			Shona, MacKenzie 26-5-2017

Signed Off On: May 26, 2017 10:50 AM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Other**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday May 30, 2017**

Reason for Visit:

Code - Description	Status Comments
7122 - Hyperlipidemia	

Subjective/Objective

Labs received, chol and triglycerides high, 10 year risk 29%, e mail to Jon as below.

"Your cholesterol levels were quite a bit higher than last time we checked so you should likely increase the dose of rosuvastatin (Crestor) to 20mg a day. You can just double up on the pills to use them up if you like and then call when you need more. We should also recheck the blood, fasting if possible, in about 2 months."

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Discussion regarding the diagnostic findings; Discussion regarding the treatment plan; Health Advice/instructions;

Assessments	Status	Comments	Updated By
7122-Hyperlipidemia			Shona, MacKenzie 30-5-2017
162-Request for Results of Test(s)			Shona, MacKenzie 30-5-2017

Prescriptions

Rx#: 5003 **Rosuvastatin 10 mg tablet** **2** Tab(s) PO **daily** for 90 Day(s), Dispense 180 Tab(s)

Signed Off On: May 30, 2017 2:46 PM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Other**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Monday June 05, 2017**

Reason for Visit:

Code - Description	Status Comments
7122 - Hyperlipidemia	

Subjective/Objective

On Tue, May 30, 2017 at 2:43 PM, Shona MacKenzie
wrote:
Hi Jon,
Your cholesterol levels were quite a bit higher than last time we checked so you should likely increase the dose of rosuvastatin (Crestor) to 20mg a day. You can just double up on the pills to use them up if you like and then call when you need more. We should also recheck the blood, fasting if possible, in about 2 months.
Shona

Hi Shona. I'm not too surprised that the cholesterol is higher, especially given that I've gained weight and am generally more out of shape than I was a year ago.

I'd like to continue the cholesterol medication at the same dose as before, but combining that with some more serious exercise - which I've already begun this week. This would be preferable - to me - to increasing the medication - which I'm wary of doing.

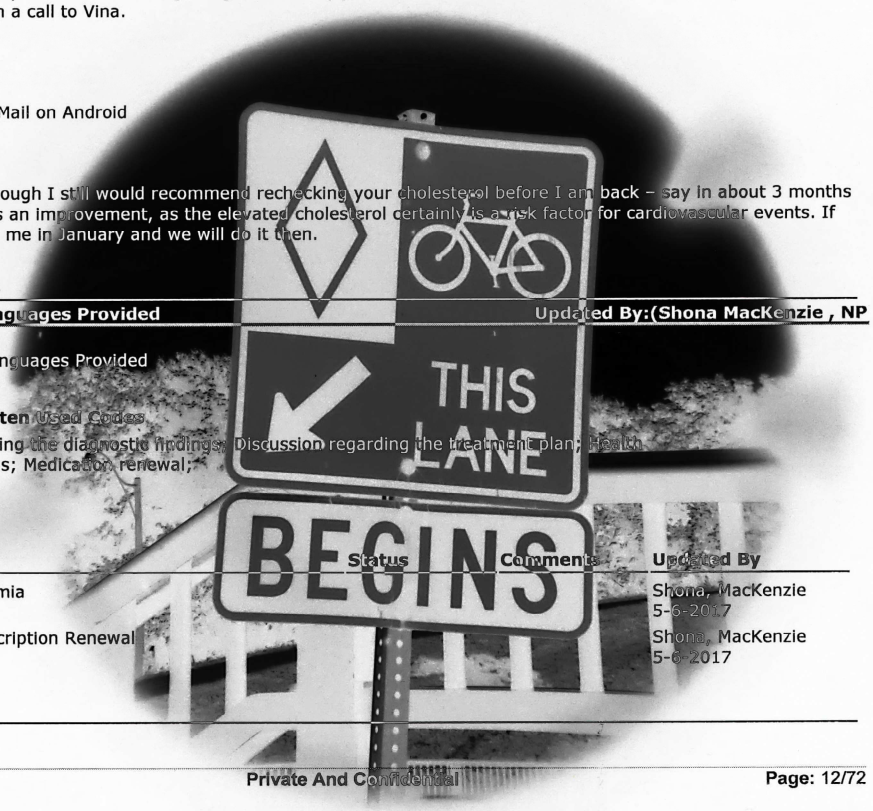
If you can give Vina the repeats to cover the time you're away, I will undertake this improved regimen - which is what the Lamasil was for. We can see how things are when you get back in January. There is no urgency, and it will take a while for this to have an effect.

2 additional repeats should be sufficient to carry me through February - for sertraline at 50 mg and rosuvastatin at 10 mg.

I already have 1 repeat for June through August - I really just need to cover the next 4 months. I trust you could work that out with a call to Vina.

How's that?

J
Sent from Yahoo Mail on Android



I will do that, although I still would recommend rechecking your cholesterol before I am back – say in about 3 months – to see if there is an improvement, as the elevated cholesterol certainly is a risk factor for cardiovascular events. If not come and see me in January and we will do it then.
Shona

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

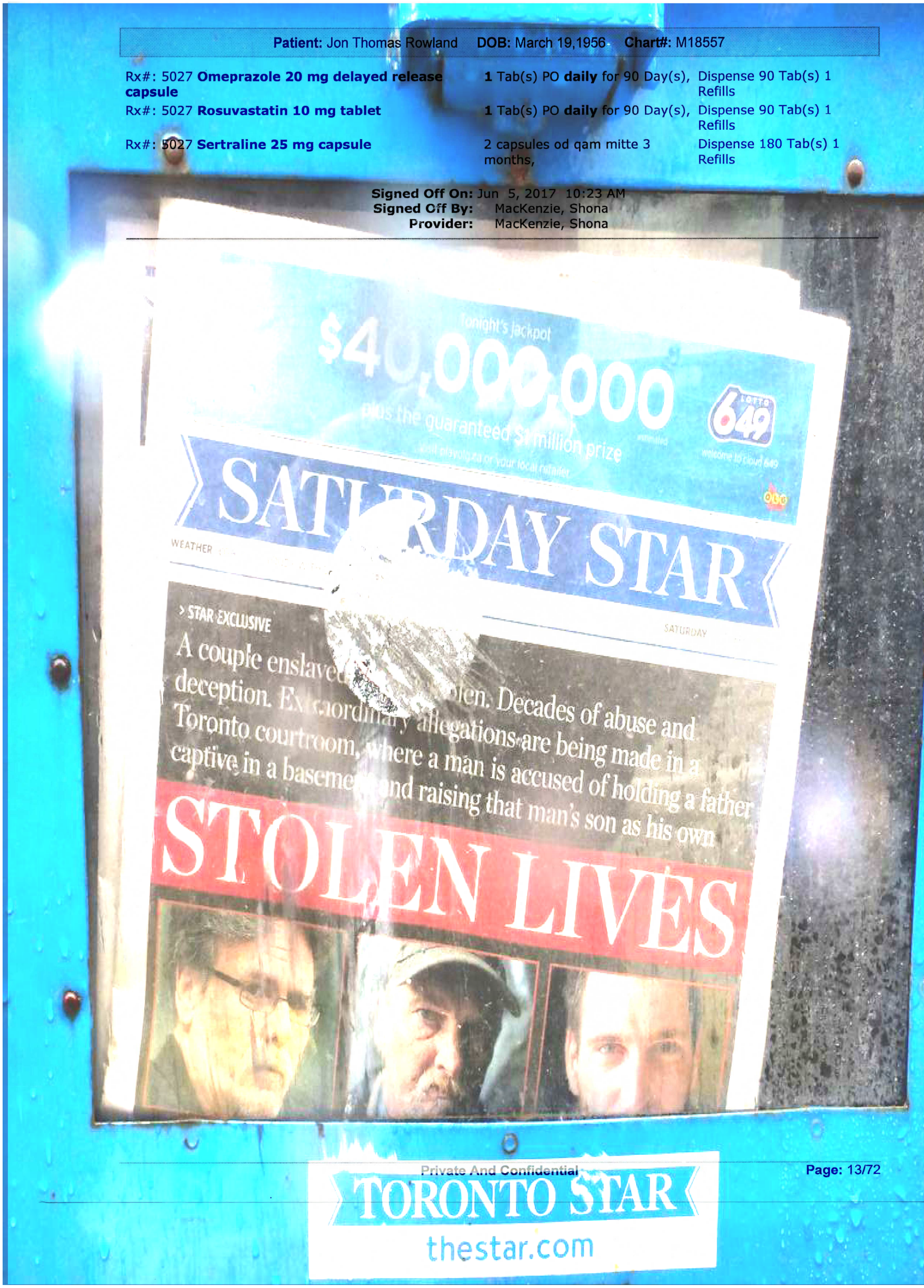
Discussion regarding the diagnostic findings; Discussion regarding the treatment plan; Health Advice/instructions; Medication renewal;

Assessments	Status	Comments	Updated By
7122-Hyperlipidemia			Shona, MacKenzie 5-6-2017
174-Visit for Prescription Renewal			Shona, MacKenzie 5-6-2017

Prescriptions

Rx#: 5027 **Omeprazole 20 mg delayed release capsule**	**1** Tab(s) PO **daily** for 90 Day(s),	Dispense 90 Tab(s) 1 Refills
Rx#: 5027 **Rosuvastatin 10 mg tablet**	**1** Tab(s) PO **daily** for 90 Day(s),	Dispense 90 Tab(s) 1 Refills
Rx#: 5027 **Sertraline 25 mg capsule**	2 capsules od qam mitte 3 months,	Dispense 180 Tab(s) 1 Refills

Signed Off On: Jun 5, 2017 10:23 AM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Third Party**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday January 30, 2018**

Reason for Visit:

Code - Description	Status Comments	
7122 - Hyperlipidemia		X

Subjective/Objective

E mail to Jon as below:
Hi Jon,
I hope all is well. I was wondering if you could book an appointment to see me in the next few weeks just to do a check in around your cholesterol, blood sugar and general health.
Thanks.
Shona

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Consultation/Referral Codes

Case management/Coordination;

Assessments	Status	Comments	Updated By
7122-Hyperlipidemia			Shona, MacKenzie 30-1-2018

Signed Off On: Jan 30, 2018 2:34 PM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona

Patient: Jon Thomas Rowland **DOB:** March 19,1956 **Chart#:** M18557

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Office**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Friday March 09, 2018**

$cmh

Reason for Visit:

Code - Description	Status Comments
181 - Visit for Annual Health Examination	

Subjective/Objective

S/ In for annual physical. Stopped statin for a while, was worried about muscle cramps, now thinks they may be related to weight gain, so has restarted few weeks ago. Diet poor, limited d/t poverty and mood, but aware of changes he can make
Mood was not great - someone in building he was helping died and felt shut out b family, private funeral etc. Was also one of clients affected by breach of confidentiality with ODSP, contacted Ombudsman and LIHN. Feeling a little better now, continues on sertraline
See template
O/ See template

BAD FOR MENTAL HEALTH BAD FOR THE HOOD

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Chronic Illness Monitoring; General assessment; Health Advice/instructions; Medication renewal; Preventative care;

Counseling

Counseling;

AOHC - Male Preventative Care **Updated By:(Shona MacKenzie , NP**

CPP and Immunizations Review

CPP Reviewed? Yes

Immunizatoins Reviewed? Yes

Vital Signs:

graph sheet	**Height:**	74 IN (187.96 CM)	
graph sheet	**Weight:**	237 LBS (107.5 KG)	
	Body Mass Index:	30.42	**status:** Obesity
	Body Surface Area:	32810.1598	
graph sheet	**Blood Pressure:**		

129/91 Sitting Arm (R) Lg Adult (*March 9, 2018*)

Heart Rate: BPM: 100 **Rhythm:** Regular **Description:** normal

$cmh

Lifestyle/Habits

Diet:

Poor diet "lousy"
3-4 strong cups coffee a day

Fat/Cholesterol:

Buys fried things as cheap

Fiber:

Says eats almost no vegetables, related to lack of income and fact that things go bad when he buys them as he doesn't always cook

Calcium:

:Low calcium intake

Sodium:

BAD FOR MENTAL HEALTH BAD FOR THE HOOD

Packaged food on sale

Family:
No contact

Relationships:
Single

Exercise:
Walks

Smoking:
Non smoker

Alcohol:
Minimal ETOH

Drugs:
None

Sexual History:
Partners men, not sexually active for a long time

Sleep:
Erratic sleep

Family Planning/Contraception:
NA

Functional Inquiry

HEENT normal: Yes

Sexual Function normal: Yes

CVS:
Cholesterol high, stopped statin for a while as had some cramps, not convinced it was the statin, has restarted

MSK:
Discomfort in "middle region" when going from lying to sitting

Resp normal: Yes

Neuro/Falls normal: Yes

Derm normal: Yes

GI:
Stopped PPI, occasional nausea, likely somatization

GU normal:

Cognition normal: Yes

Constitutional SX normal: Yes

Depression Screen:
Yes

Mental Health:
PTSD, someone in building he helped died and he was not allowed to attend funeral, impacted him badly
Also very upset about ODSP leak of information in fall

Education/Counselling (male):

- Yes **adverse nutritional habits discussed**
- Yes **dietary advice on fat/cholesterol (30-69)**
- Yes **adequate calcium intake discussed**
- Yes **adequate vitamin D intake discussed**
- Yes **regular, moderate physical activity discussed**
- Yes **smoke detectors in the home discussed**
- Yes **regular testing of smoke detectors discussed**

For general population unless otherwise stated

Obesity (BMI>=30): Yes;
weight loss counselling if overweight: Yes
multidisciplinary approach: Yes
screen for mental illness: Yes
Alcohol: Yes;
Elderly: No;
Smoking: No;
Oral Hygiene: Yes
brushing/flossing teeth discussed: Yes
fluoride (toothpaste/supplement) discussed: Yes
tooth scaling and prophylaxis discussed: Yes
Parents with Children: No;

Physical Examination (male)
Physical Examination Conducted: Yes;
Eyes:
Recommend eye exam
Nose normal: Yes
Abdomen:
Obese, small umbilical hernia
Mouth/Throat normal: Yes
Ano-Rectum:
Declined
Neck/Thyroid normal: Yes
CVS normal: Yes
Resp normal: Yes
Derm normal: Yes
MSK/Joints normal: Yes
Extremities normal: Yes

Assessments	**Status**	**Comments**	**Updated By**
181-Visit for Annual Health Examination			Shona, MacKenzie 9-3-2018
197-Visit for Blood Test			Shona, MacKenzie 9-3-2018
7074-Prediabetes			Shona, MacKenzie 9-3-2018
7122-Hyperlipidemia			Shona, MacKenzie 9-3-2018
5617-Dysthymia			Shona, MacKenzie 9-3-2018
7185-Obesity (BMI >30)			Shona, MacKenzie 9-3-2018
8968-Poverty			Shona, MacKenzie 9-3-2018
8972-Inability to Acquire Adequate Food			Shona, MacKenzie 9-3-2018

Prescriptions

Rx#: 5414 **Rosuvastatin 10 mg tablet**	**1** Tab(s) PO **daily** for 90 Day(s),	Dispense 90 Tab(s) 1 Refills
Rx#: 5414 **Sertraline 25 mg capsule**	2 capsules od qam mitte 3 months,	Dispense 180 Tab(s) 1 Refills

Consultant	Specialty	Updated By
Optometrist, optometrist		MacKenzie, Shona

Laboratory Requisitions

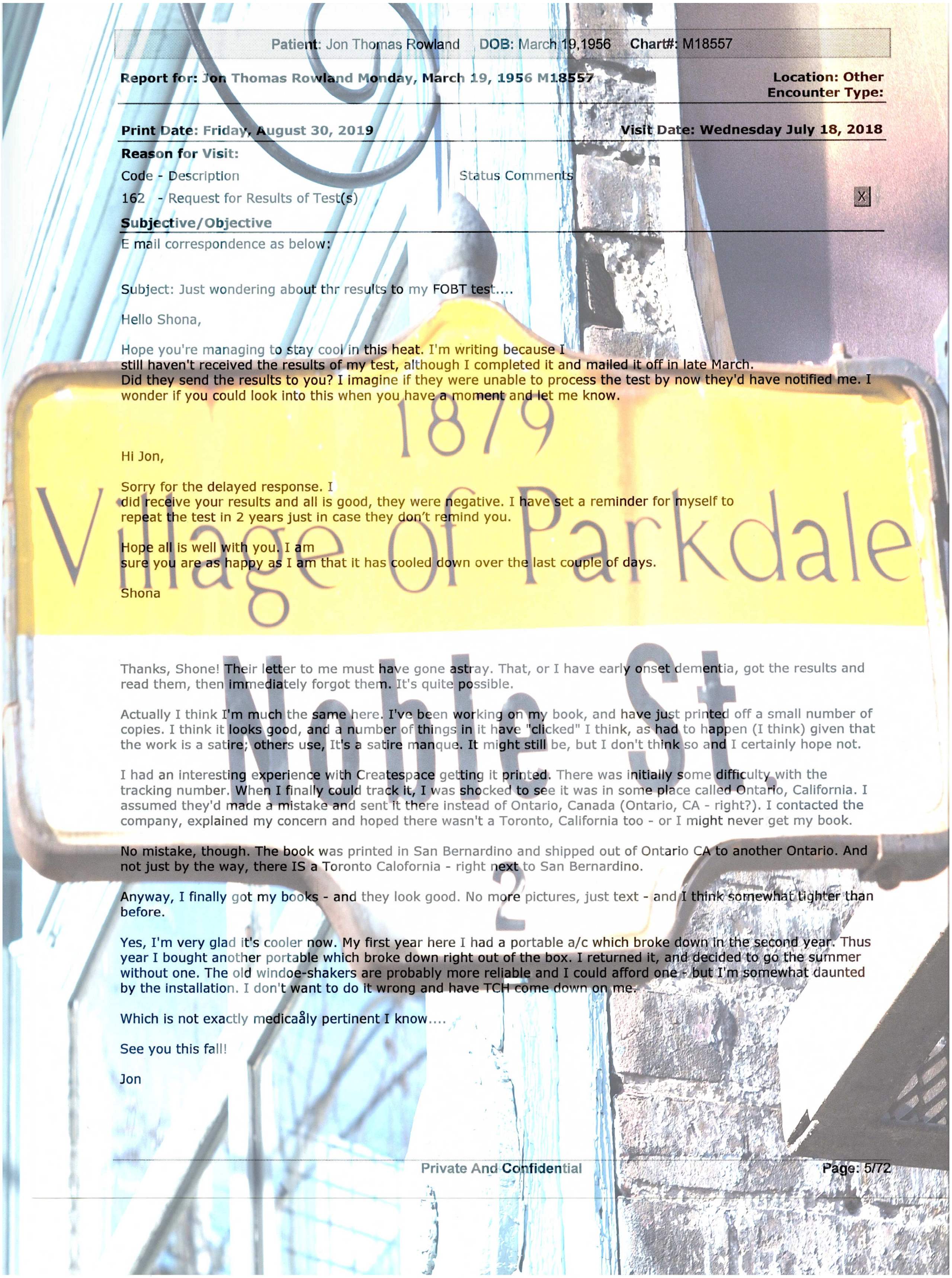
Requisitions	Laboratory	Tests	Updated By
Laboratory :	CML		MacKenzie, Shona 3-9-2018
Laboratory :	CML		MacKenzie, Shona 3-9-2018

Procedure	Mar 9, 2018	FOBT ordered	MSAA Indicators

Plan Notes

P/ 1. Supported ++, importance of self care discussed
2. Blood as per req
3. FOBT kit provided
4. Referral to optometrist provided
5. Referral to dentist provided
6. Meds renewed x 6 months
7. RTC after summer, before prn

Signed Off On: Mar 9, 2018 11:02 AM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Other
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Wednesday July 18, 2018**

Reason for Visit:

Code - Description	Status Comments
162 - Request for Results of Test(s)	

Subjective/Objective

E mail correspondence as below:

Subject: Just wondering about thr results to my FOBT test....

Hello Shona,

Hope you're managing to stay cool in this heat. I'm writing because I
still haven't received the results of my test, although I completed it and mailed it off in late March.
Did they send the results to you? I imagine if they were unable to process the test by now they'd have notified me. I wonder if you could look into this when you have a moment and let me know.

Hi Jon,

Sorry for the delayed response. I
did receive your results and all is good, they were negative. I have set a reminder for myself to repeat the test in 2 years just in case they don't remind you.

Hope all is well with you. I am
sure you are as happy as I am that it has cooled down over the last couple of days.

Shona

Thanks, Shone! Their letter to me must have gone astray. That, or I have early onset dementia, got the results and read them, then immediately forgot them. It's quite possible.

Actually I think I'm much the same here. I've been working on my book, and have just printed off a small number of copies. I think it looks good, and a number of things in it have "clicked" I think, as had to happen (I think) given that the work is a satire; others use, It's a satire manque. It might still be, but I don't think so and I certainly hope not.

I had an interesting experience with Createspace getting it printed. There was initially some difficulty with the tracking number. When I finally could track it, I was shocked to see it was in some place called Ontario, California. I assumed they'd made a mistake and sent it there instead of Ontario, Canada (Ontario, CA - right?). I contacted the company, explained my concern and hoped there wasn't a Toronto, California too - or I might never get my book.

No mistake, though. The book was printed in San Bernardino and shipped out of Ontario CA to another Ontario. And not just by the way, there IS a Toronto Calofornia - right next to San Bernardino.

Anyway, I finally got my books - and they look good. No more pictures, just text - and I think somewhat tighter than before.

Yes, I'm very glad it's cooler now. My first year here I had a portable a/c which broke down in the second year. Thus year I bought another portable which broke down right out of the box. I returned it, and decided to go the summer without one. The old windoe-shakers are probably more reliable and I could afford one - but I'm somewhat daunted by the installation. I don't want to do it wrong and have TCH come down on me.

Which is not exactly medicaåly pertinent I know....

See you this fall!

Jon

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

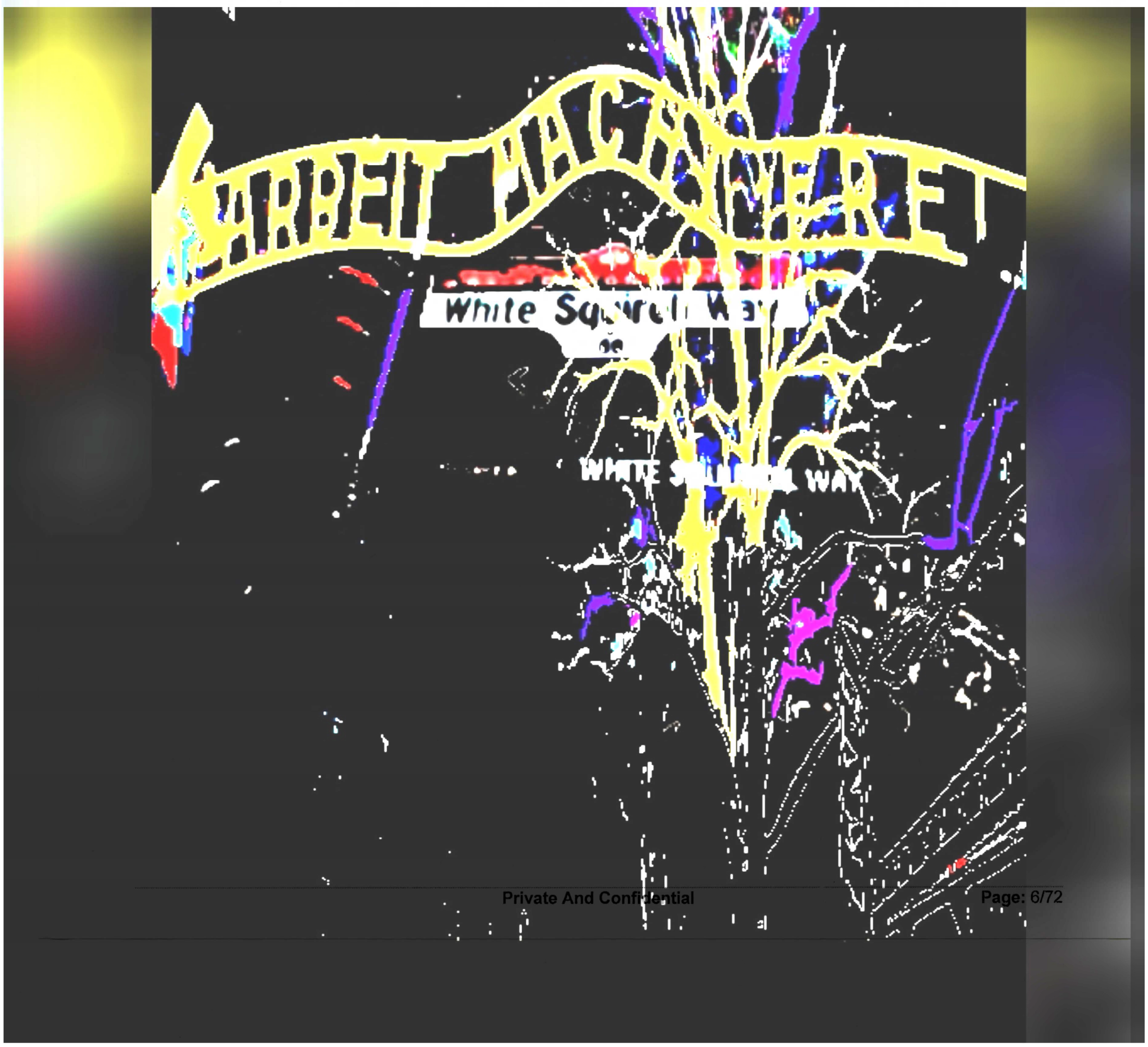
English: Yes

Primary Care Often Used Codes

Discussion regarding the diagnostic findings; Discussion regarding the treatment plan;

Assessments	Status	Comments	Updated By
162-Request for Results of Test(s)			Shona, MacKenzie 18-7-2018
163-Request for Results of Test(s) from Other Provider			Shona, MacKenzie 18-7-2018

Signed Off On: Jul 18, 2018 5:52 PM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Office
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Tuesday September 04, 2018**

Reason for Visit:

Code - Description	Status Comments
174 - Visit for Prescription Renewal	X

Subjective/Objective

Message from John:

Hello Shona

I probably won't need to see you till my annual check-up in February or March, so I was wondering if you could fax a couple of repeats for the sertralinr and the rosuvastaten to Vina.

Much the same here though a rather unpleasant summer. Bed bugs, heat, a bad tenant downstairs repeatedly setting off the alarm. The City has sprayed and the bugs appear to be gone, the bad tenant appears to be going, and the heat probably won't last much longer either.

Such is life - so to speak - at May Robinson Apts. She must be up there somewhere with Flo (Nightingale).

Regards,
Jon

Rx done, to be sent to pharmacy

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Medication renewal;

Assessments	Status	Comments	Updated By
174-Visit for Prescription Renewal			Shona, MacKenzie 4-9-2018

Prescriptions

Rx#: 6134 **Rosuvastatin 10 mg tablet**	1 Tab(s) PO **daily** for 90 Day(s),	Dispense 90 Tab(s) 1 Refills
Rx#: 6134 **Sertraline 25 mg capsule**	2 capsules od qam mitte 3 months,	Dispense 180 Tab(s) 1 Refills

Signed Off On: Sep 4, 2018 3:57 PM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona

Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557 **Location: Other**
Encounter Type:

Print Date: Friday, August 30, 2019 **Visit Date: Monday October 22, 2018**

Reason for Visit:

Code - Description	Status Comments	
9100 - Problem with Health Care Facility	with NP	X

Subjective/Objective

E mail received:

A while ago you asked me if I was an ethical person. Aside from the fact that the question was impertinent and none of your fucking business, it gave me pause because for some time I've considered you one of the most unethical persons in a neighborhood with more than its fair share of crooks and frauds.

For example....

I knew about Poster Boy #1 from the get-go. He's now a gangster slumlord (legalized?) drug dealer's goon. I can't count how many people he and his spawn have imposed on and made homeless by fraudulent means, the airbnb way. I initially referred him to you. It should have been the police. However, having referred him I subsequently noticed with what efficiency you got him set up. Nice work, Mac.

Just recently another piece of garbage has stepped forward with a similar recommendation. This one looks somewhat like a pedophile Santa, let's call him claws. A few months ago I caught him going through my things in front of a junk store fortunately no longer there. I told him to beat it and never get close to me again, but guys like him cannot stay away. He approached me later in the street so I told him to fuck, off. He called me a faggot, which struck me as ironic given his penchant for getting beat up for gandering local youth over at Parkdale Collegiate.

This was Poster Boy #2 (it's a series), with whom you colluded to get a good review. I didn't have to believe him, but what he said was consistent with what I already knew.

Your care - giving (joke!) STINKS even worse. It consists of lipitor and nasal spray and blood work for reports you can't even read. It consists of insults like poking what is probably the beginning of a hernia with your fat finger and squealing what's THAT? It includes tactlessness like dismissing a client's concern facing destitution because of your own fecklessness. "So your income is about to be halved?" However you squeal like a stuck sow when you don't get a RAISE.

You will be our friend, as long as it doesn't require any real work on your part. If it does, we will get your - I'm not your friend I'm your Care Giver! I'm Nurse Ugly - lecture. Like that's NEWS?

You advocate for safe injection sites in neighborhood parks when the better location is obviously your own fortress building. Then you hypocritically accuse the locals of nimbyism.

You send your children to private schools. YOU are BAD for the neighborhood.

You're very kind, and your kindness is totally worthless.

Am I ethical? Yes, and no. But look who's asking.

Goodbye.

Forwarded to Maureen Gans and Racquel Bremmer. Client already ccd Angela Robertson on e mail

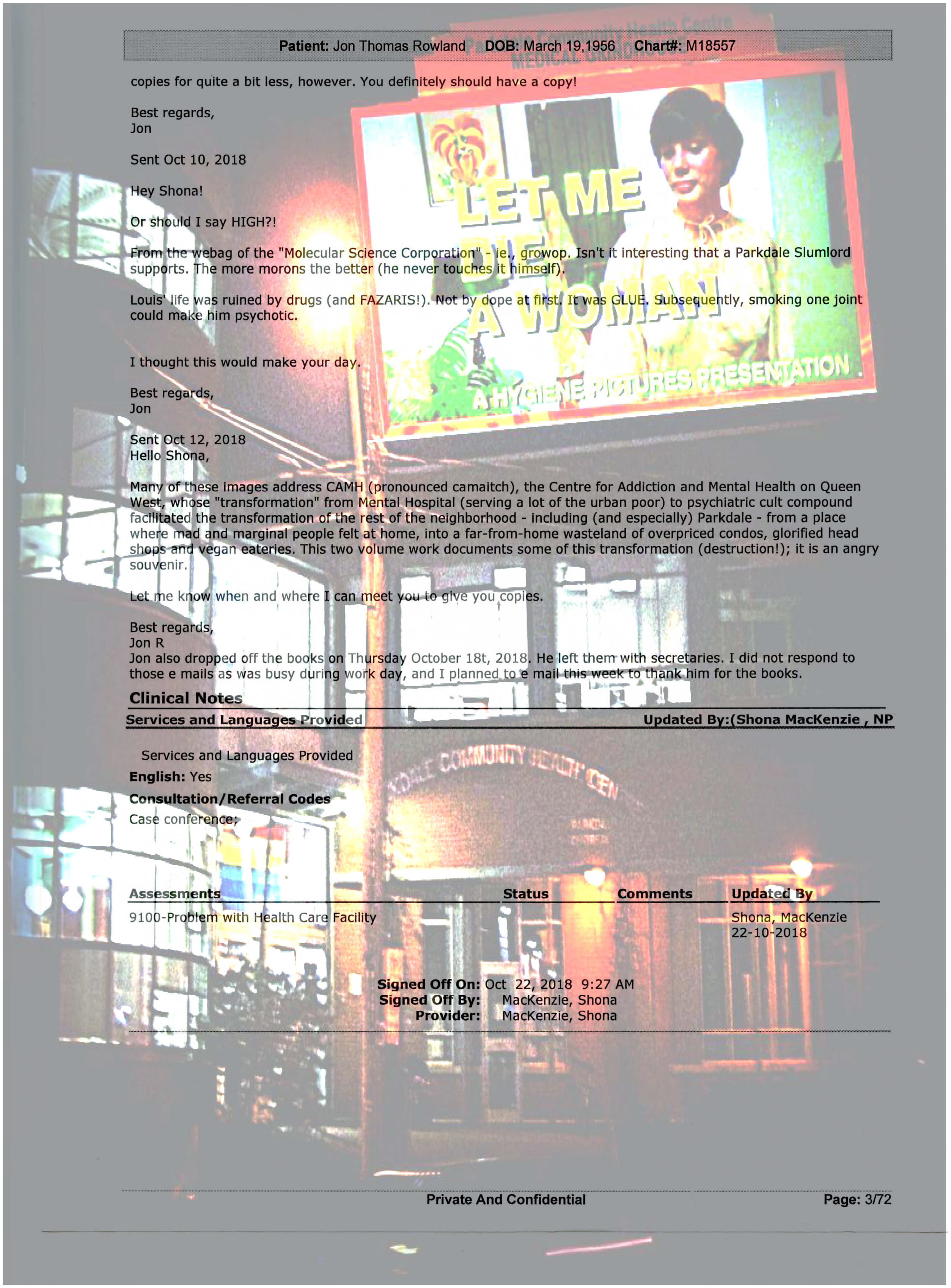
Of note, client previously within the last couple of weeks e mailed the following:

Sent Oct 3,2018
Hi Shona,

I sent you a link to a 2 volume work that I've just published on Amazon. It's a collection of images exploring with captions exploring and sometimes sanitizing the redevelopment of the Parkdale neighbourhood. Yes, as you would expect, there is considerable focus on SCAMH without the redevelopment of which the Parkdale redevelopment could not have proceeded as it has. In many ways this is a souvenir of the Parkdale that is vanishing. Yes, redevelopment in this case is a euphemism for destruction.

I know these books are expensive, though I am selling them as close to cost as possible. Thats6 because of their all-colour interior. Still, they're rather impressive - certainly to me, but of course I'm biased. I could,d get you author

"So your income's about to be HALVED!" As Nurse "Big Mack" screws up your ODSP application.



copies for quite a bit less, however. You definitely should have a copy!

Best regards,
Jon

Sent Oct 10, 2018

Hey Shona!

Or should I say HIGH?!

From the webag of the "Molecular Science Corporation" - ie., growop. Isn't it interesting that a Parkdale Slumlord supports. The more morons the better (he never touches it himself).

Louis' life was ruined by drugs (and FAZARIS!). Not by dope at first. It was GLUE. Subsequently, smoking one joint could make him psychotic.

I thought this would make your day.

Best regards,
Jon

Sent Oct 12, 2018
Hello Shona,

Many of these images address CAMH (pronounced camaitch), the Centre for Addiction and Mental Health on Queen West, whose "transformation" from Mental Hospital (serving a lot of the urban poor) to psychiatric cult compound facilitated the transformation of the rest of the neighborhood - including (and especially) Parkdale - from a place where mad and marginal people felt at home, into a far-from-home wasteland of overpriced condos, glorified head shops and vegan eateries. This two volume work documents some of this transformation (destruction!); it is an angry souvenir.

Let me know when and where I can meet you to give you copies.

Best regards,
Jon R
Jon also dropped off the books on Thursday October 18t, 2018. He left them with secretaries. I did not respond to those e mails as was busy during work day, and I planned to e mail this week to thank him for the books.

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Consultation/Referral Codes

Case conference;

Assessments	Status	Comments	Updated By
9100-Problem with Health Care Facility			Shona, MacKenzie 22-10-2018

Signed Off On: Oct 22, 2018 9:27 AM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona



Report for: Jon Thomas Rowland Monday, March 19, 1956 M18557

Location: Third Party
Encounter Type:

Print Date: Friday, August 30, 2019

Visit Date: Tuesday October 30, 2018

Reason for Visit:

Code - Description	Status Comments
164 - Request for Administrative Procedure / Form	

Subjective/Objective

Letter prepared as per discussion with management terminating client's care here

Clinical Notes

Services and Languages Provided **Updated By:(Shona MacKenzie , NP**

Services and Languages Provided

English: Yes

Primary Care Often Used Codes

Discussion regarding the treatment plan;

Consultation/Referral Codes

Client care written correspondence;

Assessments	Status	Comments	Updated By
164-Request for Administrative Procedure / Form			Shona, MacKenzie 30-10-2018

Signed Off On: Oct 30, 2018 9:50 AM
Signed Off By: MacKenzie, Shona
Provider: MacKenzie, Shona

Addendums

Date	Added By	Comments
Nov 1, 2018	MacKenzie, Shona	Letter approved by management, to be mailed by secretaries and then file closed

PARKDALE QUEEN WEST Community Health Centre

Parkdale Site
1229 Queen Street West
Toronto, ON M6K 1L2
Tel: 416.537.2455
Fax (Admin): 416.537.5133
Fax (Clinical): 416.537.3526

Oct 30, 2018

Re: Rowland, Jon Thomas
DOB: March 19, 1956
129 - 25 Westlodge Ave.
Toronto, ON
M6R1A3, Canada

Dear Jon,

This letter confirms your discharge of care request at Parkdale Queen West Community Health Centre based on your e mail dated October 22, 2018.

I encourage you to obtain another primary care provider as soon as possible. With your consent I will be pleased to provide them with a copy or summary of your medical records. Based on reviewing your chart there is no current need for follow up and no current tests required. You have a renewal on your prescription medication that should last until February 2019.

For assistance in locating another provider you may wish to contact the St Joseph's Health Centre Family health Team. They have 2 sites:
The hospital site at 30 The Queensway. Telephone: 416 530 6860
27 Roncesvalles site. Telephone 416 530 6947

You may also contact Health Care Connect, which matches family physicians with people looking for a doctor. Their telephone number is 1 866 243 0061 in the central Toronto region.

Lastly, some physicians, including those who are new to an area or who are beginning to establish a practice, will advertise that they are accepting new patients.

Shona Mackenzie, NP (Primary Care)
CNO/Registration Number: 9205725
Billing Number: 723-331-76
PQWCHC - Parkdale Site
1229 Queen St. W., Toronto, ON M6K 1L2
Tel: 416-537-2455, Fax: 416-537-3526

PARKDALE
QUEEN WEST
Community
Health Centre

Parkdale Site
1229 Queen Street West
Toronto, ON M6K 1L2

RETURN

PB031 5107818
000042 6vuS9
1121 132645

CANADA POST POSTES CANADA

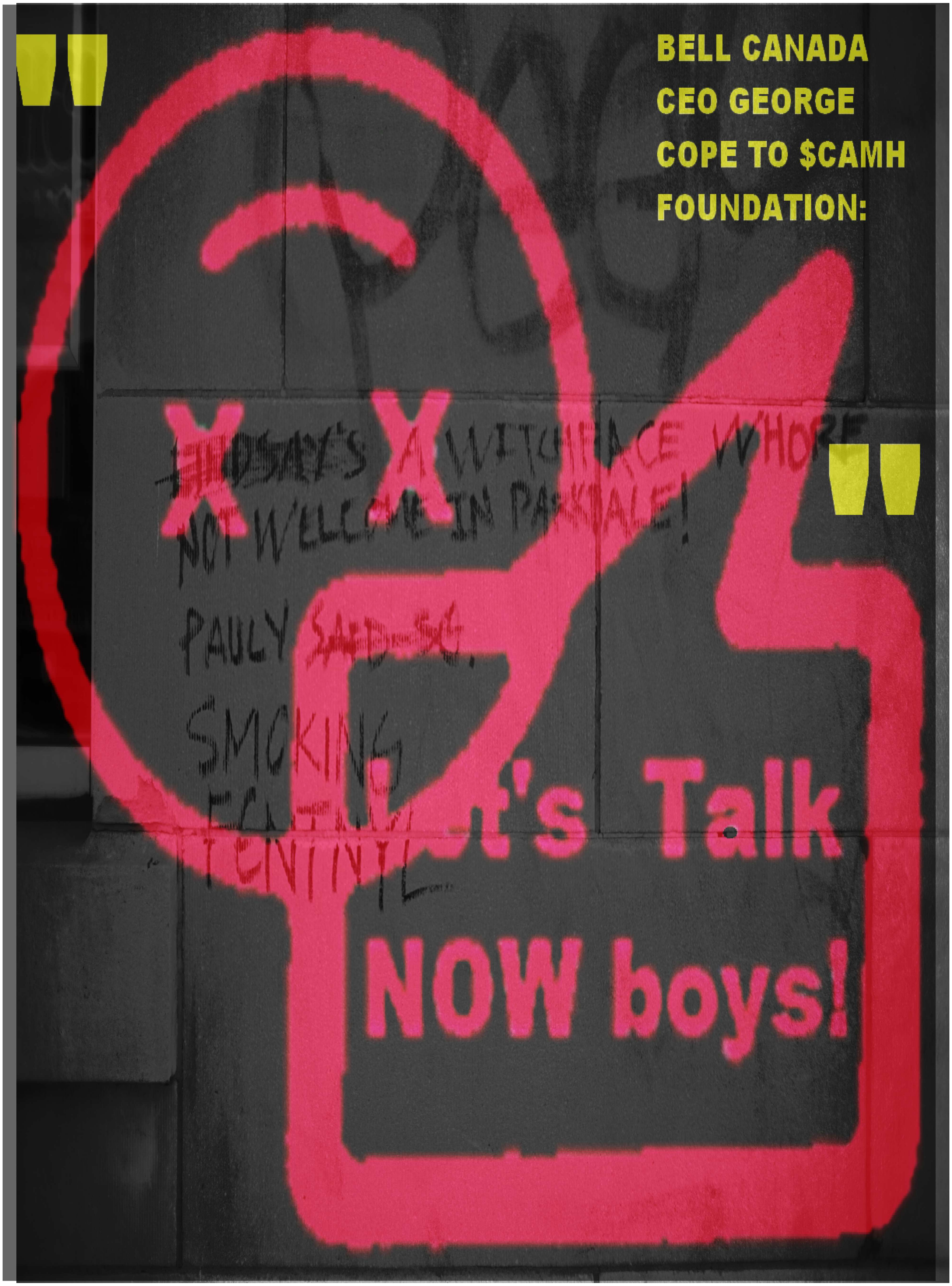
00.84

M6K 1L2 2018.11.21

Rowland Jon Thomas

129-

MOVED / UNKNOWN // DEMENAGE OU INCONNU
RETURN TO SENDER
RETURN TO SENDER
M6K 1L2


BELL CANADA
CEO GEORGE
COPE TO $CAMH
FOUNDATION:
t's Talk
NOW boys!

Active Server Pages error 'ASP 0113'

Script timed out

/nic/Patients/ProgressNote/PrintProgressNotes.asp

The maximum amount of time for a script to execute was exceeded. You can change this limit by specifying a new value for the property Server.ScriptTimeout or by changing the value in the IIS administration tools.

